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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	2017/1							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the ow rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the If there were different owners during the accounting period, only the a single statement of account and royalty fee payment covering the entire Check here if this is the system's first filling. If not, enter the system LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC.	business of the cable system owner on the last day of the accounting period em's ID number assigned before the cable system.	em the accounting period should s	•				
				00741720171				
				007417 2017/1				
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626							
С	INSTRUCTIONS: In line 1, give any business or trade names use names already appear in space B. In line 2, give the mailing address.							
System	1 IDENTIFICATION OF CABLE SYSTEM:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>				
	MAILING ADDRESS OF CABLE SYSTEM: 19201 Pineville Rd - 786 Martin Luther King (Number, street, rural route, apartment, or suite number) LONG BEACH, MS 39560 - BILOXI, MS 39530 - (City, town, state, zip code)			wer 1818				
D	Instructions: For complete space D instructions, see page 1b. Id	lentify only the frst comm	nunity served below and rel	ist on page 1b				
Area Served	with all communities.	loza ze						
First	CITY OR TOWN STATE GULFPORT MS							
Community	Below is a sample for reporting communities if you report multip	_	nace G					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Samula	Alda	MD	A	1				
Sample	Alliance	MD	В	2				
	Gering	MD	В	3				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 007417 CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE **CH LINE UP** SUB GRP# **GULFPORT** D MS **First BILOXI** MS 3 Community Α **D'IBERVILLE** MS 3 **ESCATAWPA** MS Ε 2 **GAUTIER** Ε 2 MS 3 HARRISON COUNTY D MS See instructions for С HANCOCK CO-DIAMONDHEAD MS additional information on alphabetization. HARRISON COUNTY-DIAMONDHEAD MS D 4 **KEESLER AFB** Α 3 MS LONG BEACH D 4 MS **MOSS POINT** MS Ε Add rows as necessary. 3 NORTH BILOXI (HARRISON COUNTY) A MS В NORTH BILOXI (JACKSON COUNTY) MS **OCEAN SPRINGS** MS В **PASCAGOULA** Ε 2 MS D **PASS CHRISTIAN** MS 4 **VANCLEAVE** MS В

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007417

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOG	CK 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	35,177	20.00-80.00	HOSPITALS	1,114	7.99-30.62
 Service to additional set(s) 	3,386		CASINOS	3,183	6.12-28.39
 FM radio (if separate rate) 			NURSING HOMES	261	8.00-17.41
Motel, hotel	6,482	3.31-17.41			
Commercial	1,713	18.65-94.00			
Converter					
 Residential 					
Non-residential					
i		· · · · · · · · · · · · · · · · · · ·		•	

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable	15.00-44.00	Motel, hotel	COST PLUS	SHOWTIME	\$ 17.00
 Pay cable—add'l channel 	9.00-35.00	Commercial	COST PLUS	TIER DELUXE	\$ 44.00
Fire protection	\$ 4.00	• Pay cable	COST PLUS	DVP	\$ 14.00
Burglar protection		 Pay cable-add'l channel 	\$ 4.00	CINEMAX	\$ 17.00
Installation: Residential		Fire protection		MOVIE CHANNEL	\$ 17.00
First set	0-90.00	Burglar protection		НВО	\$ 15.00
 Additional set(s) 	30.00-60.00	Other services:		STARZ	\$ 17.00
• FM radio (if separate rate)		Reconnect	0.00-90.00		
Converter		Disconnect			
		Outlet relocation	\$ 60.00		
		Move to new address	30.00-60.00		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007417 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) **WDSU** 43 Ν Yes **NEW ORLEANS, LA WKRG** 27 Ν No MOBILE, AL See instructions for MOBILE, AL additional information WKRG-SIMUL 27 Ν No on alphabetization. No WLOX-1 13 N-M **BILOXI, MS** WLOX-1-SIMUL 13 N-M No **BILOXI, MS** WLOX-2 13 N-M No **BILOXI, MS** WLOX-2-SIMUL 13 N-M No BILOXI, MS WLOX-3 I-M 13 No BILOXI, MS WMAH-SIMUL Ε 16 No **BILOXI, MS WMAH** 16 Ε No **BILOXI, MS** Ν WWL 36 Yes 0 **NEW ORLEANS, LA** WXXV-1 48 I-M No **GULFPORT, MS** WXXV-1-SIMUL 48 I-M No **GULFPORT, MS** WXXV-2 48 N-M No **GULFPORT, MS** WXXV-3 48 I-M No **GULFPORT, MS** Ε **WYES** 11 Yes 0 **NEW ORLEANS, LA** WXXV-2-SIMUL 48 N-M No **GULFPORT, MS** WDSU-SIMUL 43 Ν No **NEW ORLEANS. LA**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name
Name

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), "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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WDSU	43	N	Yes	0	NEW ORLEANS, LA	
WKRG	27	N	No		MOBILE, AL	
WKRG-SIMUL	27	N	No		MOBILE, AL	
WLOX-1	13	N-M	No		BILOXI, MS	
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS	
WLOX-2	13	N-M	No		BILOXI, MS	
WLOX-2-SIMUL	13	N-M	No		BILOXI, MS	
WLOX-3	13	I-M	No		BILOXI, MS	
WMAH	16	E	No		BILOXI, MS	
WXXV-1	48	I-M	No		GULFPORT, MS	
WXXV-2	48	N-M	No		GULFPORT, MS	
WXXV-3	48	I-M	No		GULFPORT, MS	
WYES	11	E	Yes	0	NEW ORLEANS, LA	
WXVO-LD	13	I	No		PASCAGOULA, MS	
WGUD-LD	51	I	No		PASCAGOULA, MS	
WXXV-1-SIMUL	48	I-M	No		GULFPORT, MS	
WDSU-SIMUL	43	N	No		NEW ORLEANS, LA	
WMAH-SIMUL	16	Е	No		BILOXI. MS	

G

Primary Transmitters: Television

Asset December of Course and State (1997). The Asset December of Course of C	FORM SA3E. PAGE 3.						
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-lime 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: 10 not list the station here, and also in space I, if the station was carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations. 10 not list the station here, and also in space I, if the station was carried by our cable system on a substitute program basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example 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 distant on Experiment of the set 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	LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	Name
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(q)(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: - On not list the station here in space — But on the list in space (1) the station was carried only on a substitute basis. - List the station here, and also in space (1) 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 multi-cast 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, "I-M" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational multicast). For 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"), ente	CABLE ONE, II	NC.				007417	
carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules an fefted or June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.81(e)(2) and (4), or 76.83 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: 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: 10 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. 1. stat 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: List each station's call sign. Do not reported in column 1 (list each stream separately, for example well-active and station.) and active call of the paper SA3 form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, or a noncommercial educational multicast). For for he meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 3: Indicate in each case whether the station is an etwork station, an independent station, or a resociation of the station is outside the local service area, (i.e. dista	PRIMARY TRANSMITT	ERS: TELEVISION	ON				
Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams a "WETA-2". 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 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, (ie. "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, statin	carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas	system during t tions in effect of 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (i ed in the next	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB CONT'D 1. CALL SIGN 2. B'CAST CHANNEL OF CHANNEL NUMBER STATION 5. BASIS OF CARRIAGE (If Distant) 6. LOCATION OF STATION CARRIAGE (If Distant)	basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give thits 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 servic Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	CC rules, regular here in space only on a subs and also in spanformation concorn. In the second of t	ations, or auth G—but do listitute basis. ace I, if the state that sign. Do not reference to the station acceptable to the station acceptable to the station. Whether the station. Whether the station. Whether the station. Whether the station apage (v) of the the local service of the station on during the me basis becare multicast stream or before Jumitter or an acceptable to the station. For example, whether the station is a content of the station. For example, which is a content of the station.	torizations: tit in space I (the ation was carried tute basis station report origination cording to its own to be reported in the annel 4 in Wash tation is a network and the annel 4 in Wash tation is a network area, (i.e. "General instruct 4, you must cording period accounting period ause of lack of a seam that is not some 30, 2009, be association repreyou carried the of the general in true. Setations,	de Special Statemed do both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television statington, D.C. This bork station, an indefor network multicor "E-M" (for noncetions located in the interest of the television statington, D.C. This bork station, an indefor network multicor "E-M" (for noncetions located in the interest occurs located in the interest occurs and the interest of t	ent and Program Log)—if the sute 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 con for broadcasting over-the-air in imay be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The paper sasses it is the subject testem or an association representing the paper sasses in the subject testem or an association representing the paper sasses in the subject testem or an association representing the paper sasses in the subject the paper sasses in t	Tolevision
1. CALL SIGN 2. B'CAST OF (Yes or No) NUMBER 3. TYPE 4. DISTANT? CARRIAGE (If Distant) 6. LOCATION OF STATION CARRIAGE	Note: If you are utilizing	ng multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.	
SIGN CHANNEL OF (Yes or No) CARRIAGE (If Distant)			CHANN	EL LINE-UP	AB CONT'D		
WXXV-2-SIMUL 48 N-M No GULFPORT, MS Image: Control of the c		CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	WXXV-2-SIMUL	48	N-M	No		GULFPORT, MS	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name
Name

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:

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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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	AC		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KGLA	42	N	No		HAMMOND, LA
WDSU	43	N	No		NEW ORLEANS, LA
WGNO	26	N	No		NEW ORLEANS, LA
WHNO	21	I	No		NEW ORLEANS, LA
WKRG	27	N	Yes	0	MOBILE, AL
WKRG-SIMUL	27	N	No		MOBILE, AL
WLOX-1	13	N-M	No		BILOXI, MS
WLOX-SIMUL	13	N-M	No		BILOXI, MS
WMAH	16	E	No		BILOXI, MS
WPXL	50	I	No		NEW ORLEANS, LA
WUPL	24	ı	No		SLIDELL, LA
WVUE	8	I	No		NEW ORLEANS, LA
WWL	36	N	No		NEW ORLEANS, LA
WXXV-1	48	I-M	No		GULFPORT, MS
WXXV-3	48	I-M	No		GULFPORT, MS
WYES	11	E	No		NEW ORLEANS, LA
WDSU-SIMUL	43	N	No		NEW ORLEANS, LA
WMAH-SIMUL	16	E	No		BILOXI, MS

G

Primary Transmitters: Television

FORM CASE DAGE ?					ACCOUNTI	NG PERIOD: 201			
FORM SA3E. PAGE 3.	IED OF CARLE O	/OTEM			SYSTEM ID#				
CABLE ONE, IN		(STEM:			007417	Name			
					007417				
PRIMARY TRANSMITTE									
		,	, ,		and low power television stations) d only on a part-time basis under	G			
• •		-			ain network programs [sections				
_				•	and (2) certain stations carried on a	Primary			
substitute program bas						Transmitters:			
basis under specifc FC				s carried by your c	able system on a substitute program	Television			
				ne Special Stateme	ent and Program Log)—if the				
station was carried	•				water bracks and also are some attent				
· ·	•				ute basis and also on some other fthe general instructions located				
in the paper SA3 fo		. 5							
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-				
					n stream separately; for example				
WETA-simulcast).									
					on for broadcasting over-the-air in may be different from the channel				
on which your cable sy	•		aillei 4 III vvasi	iiiigtoii, D.C. Tilis	may be different from the channel				
					pendent station, or a noncommercial				
•	-	-			ast), "I" (for independent), "I-M" mmercial educational multicast).				
For the meaning of the	,		, .	•	,				
Column 4: If the st	ation is outside	the local serv	vice area, (i.e. "d	distant"), enter "Ye	s". If not, enter "No". For an ex-				
planation of local servi									
•			•	-	stating the basis on which your ering "LAC" if your cable system				
carried the distant stat	ion on a part-tir	me basis beca	ause of lack of a	activated channel of	capacity.				
					payment because it is the subject stem or an association representing				
-				•	ry 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				•					
		CHANN	EL LINE-UP	AC CONT'D					
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)					
WXXV-1-SIMUL	48	I-M	No		GULFPORT, MS				
WXXV-3-SIMUL	48	I-M	No		GULFPORT, MS				
WPXL-SIMUL	50	I	No		NEW ORLEANS, LA				
WVUE-2	8	I	No		NEW ORLEANS, LA				
WGNO-SIMUL									
WNOL-2	15	I	No		NEW ORLEANS, LA				
					<u> </u>				
									
					 				
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	<u> </u>								
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	T	[T		T				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name
Name

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), "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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDSU	43	N	No		NEW ORLEANS, LA
WDSU-SIMUL	43	N	No		NEW ORLEANS, LA
WGNO	26	N	No		NEW ORLEANS, LA
WKRG	27	N	No		MOBILE, AL
WKRG-SIMUL	27	N	No		MOBILE, AL
WLOX-1	13	N-M	No		BILOXI, MS
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS
WLOX-2	13	N-M	No		BILOXI, MS
WLOX-2-SIMUL	13	N-M	No		BILOXI, MS
WLOX-3	13	I-M	No		BILOXI, MS
WMAH	16	E	No		BILOXI, MS
WWL	36	N	No		NEW ORLEANS, LA
WXXV-1	48	I-M	No		GULFPORT, MS
WXXV-1-SIMUL	48	I-M	No		GULFPORT, MS
WXXV-2	48	N-M	No		GULFPORT, MS
WYES	11	E	Yes	0	NEW ORLEANS, LA

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCOU	NTING PERIOD: 2017/
LEGAL NAME OF OWN	JER OF CARLE SY	STEM:			SYSTEM ID)#
CABLE ONE, II		OTEIWI.			00741	Namo
PRIMARY TRANSMITT	ERS: TELEVISIO)N				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc	system during the consine and consine and consistence of the consisten	ne accounting n June 24, 19 4), or 76.63 (i d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta erning substi	g period, except 81, permitting the referring to 76.6 paragraph. distant stations porizations: t it in space I (the ation was carried tute basis station	(1) stations carried carriage of certal (e)(2) and (4))]; as carried by your case Special Statement both on a substitute, see page (v) or	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify	Primary Transmitters: Television
cast stream as "WETA- WETA-simulcast). Column 2: Give th 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 serv Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	A-2". Simulcast : e channel numbles. For example ystem carried the in each case we entering the lecast), "E" (for not ese terms, see paration is outside ice area, see parave entered "Ye he distant staticition on a part-tirision of a distant the entered into on a primary transisimulcasts, also ree categories, e location of ea Canadian statio	per the FCC he, WRC is Change station. Whether the sitter "N" (for noncommercial page (v) of the the local sender "in column on during the me basis becamulticast strenge or an appendent of the column or during the me the sis becamulticast strengen or sender "E". If the see page (victorial sender "E", if the see page (victorial sender "E", if the see page (victorial sender sende	the reported in ones assigned to the annel 4 in Wash station is a network that is not a new that is no	the television stati- tington, D.C. This ork station, an inde- for network multic or "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the inplete column 5, so do. Indicate by enti- tions located in the indicated channel or complete to a royalty etween a cable system in the primary channel on any of instructions locate list the community with	es". If not, enter "No". For an expaper SA3 form. Stating the basis on which your dering "LAC" if your cable system capacity. To payment because it is the subject stem or an association representing the representation of the passis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	
,				AD CONT'D		
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	
WMAH-SIMUL	16	E	No		BILOXI, MS	
WXXV-2-SIMUL	48	N-M	No		GULFPORT, MS	
WXXV-3-SIMUL	48	I-M	No		GULFPORT, MS	••••

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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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.

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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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	AE		
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
WGUD-LD	51	ı	No		PASCAGOULA, MS
WKFK-LD	7	I	No		PASCAGOULA, MS
WKRG	27	N	No		MOBILE, AL
WKRG-SIMUL	27	N	No		MOBILE, AL
WLOX-1	13	N-M	No		BILOXI, MS
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS
WLOX-2	13	N-M	No		BILOXI, MS
WLOX-2-SIMUL	13	N-M	No		BILOXI, MS
WLOX-3	13	I-M	No		BILOXI, MS
WMAH	16	E	No		BILOXI, MS
WPMI	15	N	No		MOBILE, AL
WPMI-SIMUL	15	N	No		MOBILE, AL
WXXV-1	48	I-M	No		GULFPORT, MS
WXXV-1-SIMUL	48	I-M	No		GULFPORT, MS
WXXV-2	48	N-M	No		GULFPORT, MS
WXXV-2-SIMUL	48	N-M	No		GULFPORT, MS
WXXV-3	48	I-M	No		GULFPORT, MS
WMAH-SIMUL	16	E	No		BILOXI, MS

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007417	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
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cable system carried the carried the distant stat. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	ave entered "Yne distant static ion on a part-tir ion of a distant entered into o a primary trans simulcasts, also tree categories e location of ea	es" in column on during the come basis becaute multicast streen or before Jumitter or an action enter "E". If , see page (v) ch station. Fo	4, you must con accounting perion ause of lack of a earn that is not some 30, 2009, be association reprefugue carried the of the general of the general of the stations,	mplete column 5, sod. Indicate by entactivated channel of subject to a royalty etween a cable systement on any of instructions locate list the community	stating the basis on which your tering "LAC" if your cable system	
Note: If you are utilizing	ng multiple char		use a separate	•	channel line-up.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	0. LOCATION OF STATION	
	NUMBER	STATION	, , , , , , , , , , , , , , , , , , , ,	(If Distant)		
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FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
					007417	
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 eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried to carried the distant stat For the retransmiss of a written agreement the cable system and	ERS: TELEVISIO G, identify even system during ti ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regula a here in space only on a subs and also in spa formation cond form. The station's call associated with a-2". Simulcast the channel numl se. For example system carried the in each case w or entering the le cast), "E" (for n ese terms, see ation is outside ice area, see pa ave entered "Y the distant static ion on a part-ti sion of a distant t entered into o a primary trans	y television standard accounting in June 24, 194, or 76.63 (rd din the next) respect to any ations, or auth G—but do list titute basis. In the standard accounting the station account as treams must be the FCC has station. Whether the station account acco	period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the tition was carried ute basis station eport origination coording to its own be reported in the assistance of lack of a general instruct 4, you must corraccounting period as and that is not some 30, 2009, be association representations.	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the Special	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
Column 6: Give the	e location of ea Canadian statio	ch station. Fo ns, if any, givennel line-ups,	r U.S. stations, e the name of th	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. channel line-up.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(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.				007417		
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),							
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	ation is outside ce area, see pa ave entered "Yo ne distant static ion on a part-tirion of a distant entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio	the local servage (v) of the es" in column on during the me basis becamulticast strength or before Jumitter or an acceptage (v) ch station. Forns, if any, giv	vice area, (i.e. "c general instruct 4, you must con accounting perion ause of lack of a earn that is not some 30, 2009, be association reprefused the of the general of th	distant"), enter "Ye ions located in the mplete column 5, sod. Indicate by entactivated channel of subject to a royalty etween a cable systement on any of instructions locate list the community with the community with instructions in the community with the community with instructions in the comm	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.		
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)			
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FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
· · · · · · · · · · · · · · · · · · ·					007417	
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Column 6: Give the FCC. For Mexican or 0	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ng multiple chai	•	•	•	channel line-up.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	0. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		
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FORM SA3E. PAGE 3.						NGTEMOD. 2017
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007417	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Substitute Basis Subsis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local serving Column 5: If you h 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 Column 6: Give the carried the cable system and tion "E" (exempt).	G, identify even system during the ions in effect or ions. With in CC rules, regular here in space only on a substand also in spation and also in spation and also in spation associated with associated with example system carried the in each case we entered "You he distant station is outside ce area, see pation is outside ce area, see pation in a part-timition of a distant at entered into or a primary trans simulcasts, also iree categories e location of ea	y television standard and accounting in June 24, 194, or 76.63 (in d in the next prespect to any ations, or auth G—but do listitute basis. In the standard area of the station acceptance of the station acceptance of the station. In a station acceptance of the station acceptance of the station. In the station acceptance of the station. In the local service of the station of the local service of the station of the station. In the station of the station of the station of the station. In the station of the station. In the station of the station of the station. For the station of the station of the station. For the station of the station of the station.	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: a tit in space I (the referring to referring to 76.6 paragraph. It is in space I (the referring to respect to the report origination coording to its own be reported in the reported in the report origination as assigned to annel 4 in Wash ation is a network), "N-M" (I educational), consider a read instruction of the report of lack of a read that is not some 30, 2009, be association repression of the general in the report of the general in the report of the general in the repression of the general in the repression of the general in the referring the response of the general in the referring the response of the repression of the general in the referring the response of the referring the response of the referring the response of the referring the referrin	(1) stations carried to carriage of certa- tile (2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on a program service er-the-air designation of the television station of the television of the te	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing	ng multiple char	• •	•	•	channel line-up.	
		CHANN	EL LINE-UP	Al		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
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FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
					007417	
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Column 6: Give the	e location of ea Canadian statio	ch station. Fo ns, if any, given nel line-ups,	r U.S. stations, e the name of th	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. channel line-up.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
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FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007417		
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 utilizin	g multiple char		•	•	channel line-up.		
	o DIOAGT		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)			
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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.				007417	
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
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	and also in spa formation cond	ace I, if the sta			ute basis and also on some other fthe general instructions located	
· ·		sign. Do not r	eport origination	n program services	s such as HBO, ESPN, etc. Identify	
cast stream as "WETA			•	•	tion. For example, report multi- n stream separately; for example	
			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate	ystem carried the in each case v	ne station. whether the st	tation is a netwo	ork station, an inde	pendent station, or a noncommercial	
	cast), "E" (for n	oncommercia	l educational), o	r "E-M" (for nonco	ast), "I" (for independent), "I-M" mmercial educational multicast).	
	ation is outside	the local serv	vice area, (i.e. "d	distant"), enter "Ye	s". If not, enter "No". For an ex-	
					stating the basis on which your	
carried the distant stat	ion on a part-tii	me basis beca	ause of lack of a	ctivated channel o	ering "LAC" if your cable system capacity. payment because it is the subject	
of a written agreement	entered into o	n or before Ju	ine 30, 2009, be	tween a cable sys	stem or an association representing	
,			•	• .	ry transmitter, enter the designa- her basis, enter "O." For a further	
explanation of these th	ree categories	, see page (v)	of the general i	instructions locate	d in the paper SA3 form.	
	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.	
Note. II you are utilizii	ig multiple chai	• /	•		crianner ime-up.	
	1	CHANN	EL LINE-UP	AL		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NOWBER	017(11014		(II Distant)		
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FORM SA3E. PAGE 3.						NOTERIOD. 2017
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN					007417	
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	G, identify every eystem during the cons in effect or 6.61(e)(2) and (6.5is, as explaine constantions: With record record and also in spaformation concerm.	r television strate accounting in June 24, 1944), or 76.63 (r do in the next prespect to any titions, or auth G—but do list titute basis. ce I, if the state arning substitutes isgn. Do not r	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the stion was carried tute basis station report origination	(1) stations carried carriage of certaring of certaring (e) (2) and (4))]; as carried by your case Special Statement dispersion of the substitute of the same page (v) on program services	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify	G Primary Transmitters: Television
cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local service Column 5: If you had cable system carried the carried the distant static For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	e channel number. For example stem carried the in each case we entering the least), "E" (for not exe terms, see pation is outside co area, see pation on a part-tirion of a distant entered into on a primary transisimulcasts, also aree categories, e location of each canadian station canadian station.	streams must ber the FCC he, WRC is Charle station. Whether the stater "N" (for no oncommercial page (v) of the the local servinge (v) of the es" in column on during the same basis becamulticast stream or before Jumitter or an action of the est of the column of the column of the column of the same page (v) of the station. Foons, if any, given and line-ups,	be reported in or has assigned to hannel 4 in Wash ration is a network etwork), "N-M" (I educational), or e general instruc- vice area, (i.e. "or general instruct 4, you must con accounting perior ause of lack of a earn that is not so line 30, 2009, be association repre- you carried the lof the general or U.S. stations, e the name of the use a separate	the television stati- tington, D.C. This ington, D.C. This ork station, an inde- for network multicor "E-M" (for nonco- ctions located in the distant"), enter "Ye- tions located in the mplete column 5, sod. Indicate by entactivated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot- tinstructions locate list the community me community with space G for each	paper SA3 form. stating the basis on which your sering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing the basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	
	<u> </u>	CHANN	EL LINE-UP	AW		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					ACCOUNTI	NG PERIOD: 2017/1
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007417	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s	system during t	, he accountino	g period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76	6.61(e)(2) and (4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S				s carried by your c	able system on a substitute program	Transmitters: Television
basis under specifc FC Do not list the station	CC rules, regula here in space	ations, or auth G—but do lis	orizations:		ent and Program Log)—if the	
	and also in spa formation cond	ace I, if the sta			ute basis and also on some other fthe general instructions located	
· ·		sign. Do not i	report origination	n program services	s such as HBO, ESPN, etc. Identify	
cast stream as "WETA			•	•	tion. For example, report multi- n stream separately; for example	
			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy	ystem carried th	ne station.			ependent station, or a noncommercial	
(for independent multion	cast), "E" (for n	oncommercia	l educational), c	or "E-M" (for nonco	ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the Column 4: If the standard planation of local servi	ation is outside	the local ser	vice area, (i.e. "d	distant"), enter "Ye	es". If not, enter "No". For an ex-	
					stating the basis on which your	
carried the distant stat	ion on a part-ti	me basis beca	ause of lack of a	ectivated 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	ry 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	• •	•		channel line-up.	
		CHANN	EL LINE-UP	AN		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
						
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				007417	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by	G, identify every yetem during the one in effect or a fall (2) and (4) sis, as explaine itations: With record only on a substant also in spatformation concern. In station's call associated with associated with a cash case we entering the le	y television strand accounting and June 24, 194, or 76.63 (rd din the next) respect to any ations, or auth G—but do list titute basis. In the state of the station account as treams must be the FCC has, WRC is Challe station.	period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the stion was carried ute basis station eport origination cording to its own be reported in the same I amount I wash ation is a networkly, "N-M" ("N-M"	(1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program services er-the-air designaticolumn 1 (list each the television stationington, D.C. This look station, an indefor network multical	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 cion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).	G Primary Transmitters: Television
planation of local servi- Column 5: If you had cable system carried the distant station for the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	ation is outside ce area, see pa ave entered "Ye ne distant static ion on a part-tirion of a distant entered into or a primary transisimulcasts, also iree categories e location of ea canadian statio	the local servage (v) of the es" in column on during the ame basis becamulticast strength or before Jumitter or an acceptance (v), see page (v), ch station. Fons, if any, given	rice area, (i.e. "cogeneral instruct 4, you must cor accounting perion ause of lack of a mean that is not s me 30, 2009, be association repre you carried the most of the general if r U.S. stations, me the name of the	distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entictivated channel of subject to a royalty etween a cable systement on any ot instructions locate list the community with	paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing 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.	
		CHANN	EL LINE-UP	AO		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
					007417	
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 for Column 1: List ead 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	ERS: TELEVISIO G, identify every 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 space formation concurred. The station's call associated with I a	y television standard programment of the station actions on the station actions of the stations of t	period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the tition was carried ute basis station eport origination coording to its own be reported in the assassigned to eas assigned to eas general instruct assigned instruct 4, you must correct accounting period assigned to eas as assigned to eas as assigned to eas as assigned to eas as as assigned to eas as a	(1) stations carried the carriage of certain (1e)(2) and (4))]; as a carried by your content of the Special Statement of the Special Speci	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
tion "E" (exempt). For explanation of these th Column 6: Give the	simulcasts, also nree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, givennel line-ups,	you carried the of the general in U.S. stations, the name of the use a separate	channel on any ot instructions locate list the community ne community with space G for each	her basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the which the station is identifed.	
	T		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	((If Distant)		
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FORM SA3E. PAGE 3.						NOTERIOD. 2017
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, I					007417	
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 each	G, identify every system during the constructions in effect or sist, as explaine Stations: With r CC rules, regular here in space only on a substand also in spationary or concorm.	y television strane accounting in June 24, 1944), or 76.63 (from the next prespect to any attions, or auth G—but do list titute basis. Ince I, if the state erning substitution on the state of the stat	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the stion was carried tute basis station report origination	(1) stations carried carriage of certaring of certaring (e) (2) and (4))]; as carried by your case Special Statement dispersion of the substitute of the same page (v) on program services	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi-	G Primary Transmitters: Television
cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the sty 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 tion "E" (exempt). For explanation of these th Column 6: Give the	e channel numbers. For example ystem carried the in each case we entering the lecast), "E" (for not expected in south a comment of the case), "E" (for not expected in south a comment of the distant static ion on a part-tire ion of a distant at entered into on a primary transissimulcasts, also the categories, e location of ea Canadian statio	streams must ber the FCC he, WRC is Chae station. whether the state "N" (for no oncommercial page (v) of the the local serving (v) of the es" in column on during the amulticast stream or before Jumitter or an action of the column than the stream of the station. For ons, if any, given and line-ups,	be reported in a last assigned to annel 4 in Wash attion is a network, "N-M" (I educational), consider a last and a last attional accounting period accounting the second accoun	the television stati- tington, D.C. This ington, D.C. This ork station, an inde- for network multicor "E-M" (for nonco- ctions located in the distant"), enter "Ye- tions located in the mplete column 5, sod. Indicate by entactivated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot- tinstructions locate list the community me community with space G for each	on for broadcasting over-the-air in may be different from the channel spendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form. In our case of the stating the basis on which your ering "LAC" if your cable system capacity. The payment because it is the subject stem or an association representing the paper SA3 form. The stating the beause it is the subject stem or an association representing the paper SA3 form. The stating the paper SA3 form. The stating the basis, enter "O." For a further din the paper SA3 form. The which the station is licensed by the which the station is identifed.	
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
· · · · · · · · · · · · · · · · · · ·					007417	
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 as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational) or "E-M" (for no						
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ig multiple chai	•	EL LINE-UP	•	Chamile inte-up.	
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)		
	I	Ī			, I	

FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
· · · · · · · · · · · · · · · · · · ·					007417	
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 as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast stream smust 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 particular the letter "N" (for network), "N-M" (for network multicast), ""						
Column 6: Give the FCC. For Mexican or 0	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ng multiple chai	•	•	•	channel line-up.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	0. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		
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	<u> </u>	<u> </u>			 	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007417 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
CABLE ONE, INC.	CABLE SYST	EM:			S	007417	Name
	ify every nor	nnetwork televis	ion program broadcast by a	distant station			ı
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."							Substitute Carriage: Special Statement and Program Log
to delete under FCC rules a gram was substituted for pr effect on October 19, 1976.	and regulation	ons in effect du	em was permitted to delete	; enter the lett under FCC ru WHE	ter "P" if the listed pro	7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
					<u> </u>		

LEGA	AL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC.			SYSTEM ID# 007417	Name		
GR Inst all a (as	OSS RECEIPTS Tructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary	transmi	er the total of ssion service	K Gross Receipts		
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.		\$ (Amount o	8,310,489.00 of gross receipts)			
ConConIf youIf youIf you	(RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. bur system did not carry any distant television stations, leave block 3 blank. Enter the ar from block 1 on line 1 of block 4, and calculate the total royalty fee. bur system did carry any distant television stations, you must complete the applicable par pampanying this form and attach the schedule to your statement of account.				Copyright Royalty Fee		
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $8 \times 10^{-2} \mathrm{M}_{\odot}$	e enter	ed on li	ne 1 of			
-	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ blow.	entered	d on line	2 in block			
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. I	uld be	entered	on line			
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the 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.	\$		88,423.60			
Block 2	, ,						
3	4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		\$	20,501.49			
	Line 3. Add lines 1 and 2 and enter here	\$		20,501.49			
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	r	\$	88,423.60 0.00	Cable systems submitting additional		
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact		
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		89,148.60	appropriate form for submitting the additional fees.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (a general instructions located in the paper SA3 form for more information.)	See pa	ige (i) of	the	222.3010110001		

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007417

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417								
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 system carried television broadcast stations								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364-6195								
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626 (City, town, state, zip)								
	Email emerson.yyearwood@cableone.biz Fax (optional) 602-364-6013								
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations. • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	 (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or ▼ (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. Typed or printed name: RAYMOND STORCK Title: VICE PRESIDENT (Title of official position held in corporation or partnership)								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
CABLE ONE, INC. 007417	
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	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(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 filing.	
Owner Address	
First community served Accounting period ID number	

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

ACCOUNTING PERIOD: 2017/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

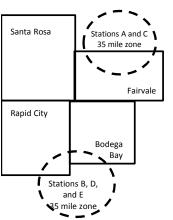
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

ACCOUNTING PERIOD: 2017/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#
1	CABLE ONE, INC.					007417
	SUM OF DSEs OF CATEGOR	RY "O" STATION	S:			
	Add the DSEs of each station					
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.75	
2	Instructions: In the column headed "Call	Sign": list the call	signs of all distant stations	identified by t	he letter "O" in column 5	
_	of space G (page 3).					
Computation	In the column headed "DSE			as "1.0"; for	each network or noncom-	
of DSEs for	mercial educational station, gi					
Category "O"			CATEGORY "O" STATION		T	
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WDSU	0.250				
	WKRG	0.250				
	WYES	0.250				
Add rows as						
necessary.						(
Remember to copy						
all formula into new						
rows.						
		.				
						
		<u>.</u>				
						(**************************************
						
		·				
		.				
						
		<u>.</u>				

Name	CABLE ONE, II	NER OF CABLE SYSTEM:					S	YSTEM ID# 007417
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: F figure should cor Column 3: F Column 4: D be carried out at Column 5: F give the type-valu Column 6: M	he call sign of all distator each station, give the respond with the information each station, give the bivide the figure in coluleast to the third decirior each independent sue as ".25." Multiply the figure in co	the number of hours mation given in space total number of hourn 2 by the figure in the point. This is the station, give the "type lumn 4 by the figure.	your cable system to J. Calculate on ours that the station column 3, and good "basis of carriage e-value" as "1.0." in column 5, and	n carried the sta ly one DSE for e on broadcast ov ive the result in e value" for the s For each network give the result in	tion during the accounting each station. Her the air during the acco decimals in column 4. The	ounting period. his figure must locational station,	
Capacity		С	ATEGORY LAC	STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. NU JRS OI ED BY S	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		βE
						x		
						x		
			.			x x	<u>-</u>	
			÷	=		x	=	
			÷	=		x	=	
			÷ ÷	=		x x	<u>=</u>	
	Add the DSEs of e	F CATEGORY LAC Seach station. here and in line 2 of page		3,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect of Broadcast one space I). Column 2: For at your option. Thi Column 3: Ent Column 4: Div	y your system in substion October 19, 1976 (or more live, nonnetwore each station give the is figure should correster the number of days ide the figure in column	itution for a program as shown by the lettork programs during number of live, nonispond with the informs in the calendar years 2 by the figure in a	that your system or "P" in column 7 that optional carrie metwork programs nation in space I. r: 365, except in a column 3, and give	was permitted to of space I); and age (as shown by a carried in substance I have been been been been been been been be	rograms) if that station: to delete under FCC rules the word "Yes" in column titution for programs that blumn 4. Round to no les the general instructions in	2 of were deleted s than the third	rm).
	1	SUI	BSTITUTE-BAS	IS STATIONS	S: COMPUTA	ATION OF DSEs	_	
	1. CALL 2 SIGN	. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷				÷		=
		÷				÷		
		÷				· · · · · · · · · · · · · · · · · · ·		=
		÷		=		÷	-	=
	Add the DSEs of e	F SUBSTITUTE-BASI each station. here and in line 3 of pa		9,		0.00		
5 Total Number of DSEs	number of DSEs ap 1. Number of DS 2. Number of DS	OF DSEs: Give the am pplicable to your system SEs from part 2 ● SEs from part 3 ● SEs from part 4 ●		in parts 2, 3, and	4 of this schedule	e and add them to provide	0.75 0.00 0.00	
	TOTAL NUMBER (OF DSEs						0.75

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

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID# 007417	Name
Instructions: Bloc		nleted						007417	
In block A:			art 6 and nort	7 of the DSE cohe	adula blank ar	ad complete p	ort 9 (nago 16) of	the	6
schedule.				7 of the DSE sche	edule blank ar	ia compiete pa	art 8, (page 16) or	trie	U
If your answer if	"No," complete blo			TELEVISION M.	ARKETS				Computation of
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24, Yes—Com		schedule—D	OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	lete blocks B and	C below.							
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1:				part 2, 3, and 4 of					
CALL SIGN		ne DSE Sche	dule. (Note: Ti	ne 25, 1981. For funder the letter M below report Act of 2010.)	•	•			
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	iles and regul	lations cited b	asis on which you o elow pertain to tho urket quota rules [7	se in effect or	n June 24, 198		j tc	
	B Specialty stati C Noncommeric	al educationa d station (76.6	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referring	g to 76.61(d)			
	E Carried pursua *F A station pre G Commercial U	ant to individu viously carrie JHF station w	ual waiver of Fed on a part-tire	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
	M Retransmission	on of a distan	t multicast stre	eam.					
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	
WDSU WKRG	D D	0.25 0.25							
WYES	C	0.25							
			1						
								1.50	
		В	LOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	d DSEs fror	n block B ab	ove			,		
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				·		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

SAL NAME OF O ABLE ONE, I								O07417	NI a see a
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			
	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	6
SIGN WDSU	BASIS	0.25	SIGN	BASIS		SIGN	BASIS		Computation
WKRG	D	0.25							3.75 Fee
WYES	C	0.25							
								•••••	
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						† †			

Name	CABLE ONE, IN		: 5151EW.								007417	
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 identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.											
		PERMITT	ED DSE FOR	STATIONS CAR	RIEI	D	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			\neg
	1. CALL	2. PRIC		ACCOUNTING			4. BASIS OF		RESENT	6. P	ERMITTED	
1	SIGN	DSE		PERIOD			CARRIAGE	[OSE		DSE	
												••••
						•••						
						•						••••
7 Computation	Instructions: Block A In block A: If your answer is			d C. below.								
of the					ete p	aı	rt 8 of the DSE sched	ule.				
Syndicated			BLO	OCK A: MAJC	R T	Έ	LEVISION MARK	ET				
Exclusivity												
Surcharge	• Is any portion of the o	-	•	major television n	narke	et	<u> </u>		rules in effect J	lune 24,	1981?	
	X Yes—Complete	: blocks B and	· C .				No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VHI	F/Grade B Cont	tour Stations			BLOCK	C: Compu	tation of Exem	npt DSE:	3	
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)											
	Yes—List each s	tation below wit	th its appropriate	permitted DSE			Yes—List each st	ation below	with its appropri	ate perm	itted DSE	
	X No—Enter zero and proceed to part 8.											
	CALL SIGN	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIG	SN	DSE	
												ļ
											,	l
		└	TOTAL DSE	0.0	0				TOTAL DS	SEs	0.00	l

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 007417	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	8,310,489.00	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? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 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			STEM ID# 007417
		CABLE ONE, INC.	007417
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge. \$	<u></u> .
	Instruc	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part	
-		checked "Yes," use the total number of DSEs from part 5. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation	• If you	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	• If you blank	ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
	What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
	SCIVIO	salea, see page (v) or the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	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) ▶ \$	
		(the amount in section 1).	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here ▶ \$	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	<u></u> '-

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

	AME OF OWNER OF CABLE SYSTEM: LE ONE, INC.	SYSTEM ID# 007417	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$ \\$		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
instead	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	•	9
receipts	G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fees from subscribers located within the station's local service area, from your system's total gross receipts. To take a con, you must:		Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only.		for 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.	ition you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lought 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.		
Compu groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	stem's subscriber	
• Identii • Give t	section: fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to albers in the group.	ll of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it if this schedule; or,	in parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in t 6 of this schedule.	olock B,	
• Add th	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
in the	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.		
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the 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 necesticulations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007417 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.		E SYSTEM:				Sì	O07417	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	P	•
COMMUNITY/ AREA	OCEAN	SPRINGS, PORT	IONS O	COMMUNITY/ AREA	PASCAC	GOULA, ESCATA	WPA, POR	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WDSU	0.25							Base Rate Fe
WYES	0.25		†	-	†			and
			†			-		Syndicated
						-		Exclusivity
			†	-				Surcharge
								for
								Partially
	<u></u>		†		†			Distant
	···		†		†			Stations
			†					Ottationio
	<u> </u>		†		†		<u> </u>	
	<u>-</u>		†		†		<u></u>	
	···		 		†		···	
	<u>-</u>		†		†		<u></u>	
	···		 		†			
Total DSEs			0.50	Total DSEs			0.00	
Total DSEs		. 4.000		Total DSEs			•	
Gross Receipts First G	Group	\$ 1,366	,639.00	Gross Receipts Secon	d Group	\$ 1,75	55,209.00	
Base Rate Fee First G	roup	\$ 7	,270.52	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA	BILOXI	HARRISON COU	NTY	COMMUNITY/ AREA	HARRIS	ON CO (DIAMONI	OHEAD), C	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WYES	0.25			WYES	0.25			
								
								
								
								
								
			↓					
								
	<mark></mark>							
Total DSEs			0.25	Total DSEs			0.25	
Gross Receipts Third (Group	\$ 1,769	,917.00	Gross Receipts Fourth	Group	\$ 3,01	3,625.00	
Base Rate Fee Third (Group	\$ 4	,707.98	Base Rate Fee Fourth	Group	\$	8,016.24	
Base Rate Fee: Add the	ne base rat	e fees for each subsc	riber group	as shown in the boxes a	bove.			
Enter here and in block						\$ 2	20,501.49	

CABLE ONE, INC.		LE SYSTEM:				,	SYSTEM ID# 007417	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GRO	DUP	
COMMUNITY/ AREA	HANCO	OCK COUNTY (DI	AMOND	COMMUNITY/ ARE	A VANCLE	AVE		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OALL GIOIN	DOL	OALL SIGIV	DOL	WDSU	0.25	OALL GIGIT	DOL	Base Rate Fee
				WYES	0.25			and
		-				-		Syndicated
					······	-		Exclusivity
	···				······			Surcharge
					······			for
		-				H		Partially
						_		Distant
	···	-			······	-	·····	Stations
	···				······	-	·····	Stations
	<u></u>							
					·····			
	···				······			
	···							
Total DSEs			0.00	Total DSEs			0.50	
Gross Receipts First G	Group	\$ 309	,845.00	Gross Receipts Sec	cond Group	\$	95,254.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	506.75	
	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GRO	DUP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
		-				_		
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	ırth 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	es above.	\$		

LEGAL NAME OF OW		E SYSTEM:				S	YSTEM ID# 007417	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU	UP	0
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
				-				Exclusivity Surcharge
								for
								Partially Distant
								Stations
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		004441417//AREA		I SUBSCRIBER GROU		
COMMUNITY/ ARE/	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
T / 1855							0.00	
Total DSEs Gross Receipts Thir	d Group	<u> </u>	0.00	Total DSEs	th Group	e	0.00	
Gross Receipts Third	и Огоир	\$	0.00	Gross Receipts Four	ıı Gıoup	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 007417	Name
				ATE FEES FOR EACH				
	RTEENTH	SUBSCRIBER GROU		TI .		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
								Syndicated Exclusivity
					···			Surcharge
		-						for
								Partially
					 			Distant Stations
								Stations
		-						
					<u></u>			
					···			
Total DSEs	1		0.00	Total DSEs	<u> </u>	11	0.00	
Gross Receipts First G	roup	¢	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Gross Receipts First G	Toup	\$	0.00	Gloss Necelpts Seco	na Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
	FTEENTH	SUBSCRIBER GROU		II		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			 			
					 			
		-						
					<u></u>			
					···			
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				· ·				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EACH				
	NTEENTH	SUBSCRIBER GROU		it .	SHTEENTH	I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
				-				Surcharge
								for
								Partially
					<u> </u>			Distant Stations
								Stations
Total DSEs	-!	•	0.00	Total DSEs	_		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	NTEENTH	SUBSCRIBER GROU		ii .	WENTIETH	SUBSCRIBER GROU		
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 G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				11				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417								
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee and
				·				Syndicated
								Exclusivity
								Surcharge for
		-						Partially
					<u></u>			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	
		SUBSCRIBER GROU		II		SUBSCRIBER GROU		
COMMUNITY/ AREA	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 Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417								
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		II		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
								Syndicated Exclusivity
							·····	Surcharge
								for
	<mark></mark>							Partially
	····				<u></u>			Distant Stations
	····							Otations
	<u></u>				<u></u>			
	····							
Total DSEs	!	!	0.00	Total DSEs	_	-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee 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>			
					-			
	<mark></mark>	-			<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	
D D (F - T) : :	0		0.00	B B 1 5 5 5	t- O-		0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	п Group	\$	0.00	
D D (5	41 I. :		uile a	and the second second	-1			
Enter here and in blo			nber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417								
				ATE FEES FOR EACH				
TWEI		SUBSCRIBER GROU	JP 0			I SUBSCRIBER GROU	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
	<u></u>	-						and Syndicated
	····							Exclusivity
								Surcharge
		-						for
								Partially Distant
	····				···			Stations
	<mark></mark>							
	····							
	····				···			
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	
THI	RTY-FIRST	SUBSCRIBER GROU	JP	THIRT	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>							
	····				······································			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
2.200 . 1000ipto 11iii u	wp	· ·			С. Сир	·		
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.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417								
				ATE FEES FOR EACH			ID	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		I SUBSCRIBER GROU	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
					<u> </u>			and
					<u></u>			Syndicated Exclusivity
								Surcharge
					<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 Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii .		SUBSCRIBER GROU	JP -	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
					-			
				-	<u>-</u>			
					<u>-</u>			
					<u></u>			
				·				
					<u></u>			
Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourth	า Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth	า Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EAC				
THIRTY-: COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ ARE		SUBSCRIBER GROU	JP 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						 		Base Rate Fee and
					•••••	-	••••	Syndicated
			•					Exclusivity
								Surcharge
						-		for
	<u></u>		<u>.</u>		·····			Partially Distant
	<u></u>		<u>.</u>		·····	-		Stations
	<u> </u>				•••••	-		5.2
	<mark></mark>					<u> </u>		
	<u></u>		<u>.</u>		·····	<u> </u>		
Total DSEs			0.00	Total DSEs		Щ	0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·		· <u> </u>						
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	TY-NINTH	SUBSCRIBER GRO				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>							
	<mark></mark>		ļ			-		
			<u>.</u>		·····	-		
	·		<u>.</u>		•••••	-		
	<mark></mark>							
					·····	 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third 0	2roup	e	0.00	Base Rate Fee Fou	rth Group	e	0.00	
Dase Nate Fee Hill ()	νισαρ	\$	0.00	Dase Nate Fee FOU	ι ι ι Θιυυμ	\$	0.00	
Dana Beta Fa A 110	h	in fann fan an 1		as above to the	a aba::-			
Base Rate Fee: Add the Enter here and in block			anner group	as shown in the doxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417								
				TE FEES FOR EAC				
		SUBSCRIBER GRO		II		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
					<u></u>			Distant Stations
								Stations
					<u></u>			
					<u></u>			
					 			
Total DSEs			0.00	Total DSEs		!!	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO		ii —		SUBSCRIBER GROU		
COMMUNITY/ AREA	٩		0	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 Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417								
				TE FEES FOR EAC				
FO COMMUNITY/ AREA		SUBSCRIBER GRO	UP 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	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
FORT	Y-SEVENTH	SUBSCRIBER GRO	UP	FOF	RTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA				
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	
			criber group	as shown in the boxes	s above.			
Enter here and in blo	ock 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417								
				ATE FEES FOR EACH			10	
FO COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
								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 Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	<i>\</i>		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 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		LE SYSTEM:				S	YSTEM ID# 007417	Name
[BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		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 Fe
								and
	····	-	<u></u>		·····			Syndicated Exclusivity
				1				Surcharge
								for
								Partially
			<u></u>					Distant Stations
	····	-		·				Stations
	<u></u>		<u></u>					
	····				·····			
Total DOFa			0.00	Tatal DCFa		11	0.00	
Total DSEs			0.00	Total DSEs			-	
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-FIFTH	SUBSCRIBER GRO)UP	ii —		SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			···					
	····	-		·				
	<u>.</u>		<u></u>					
								
			 					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417								
				TE FEES FOR EAC					
		SUBSCRIBER GRO		it .		SUBSCRIBER GRO		9	
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA	······		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
	·····	-			<u></u>			Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
					····		<u></u>	Stations	
					····				
Total DSEs			0.00	Total DSEs	ļ	11	0.00		
	0	_					-		
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00		
F	IFTY-NINTH	SUBSCRIBER GRO	JP		SIXTIETH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	·····				····				
			<u>.</u>	-					
	·····				····				
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					····				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts 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 OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417								
BI	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	TY-FIRST	SUBSCRIBER GRO		l l		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.22 0.0.1	202	07.122.01.01.1	302	07.122 07011	332	07.122.01.01.1	332	Base Rate Fee
								and
								Syndicated
			<u></u>					Exclusivity
	<mark>.</mark>					-		Surcharge
	<u> </u>				·····	-		for Partially
	<u> </u>		···					Distant
			<u></u>			-		Stations
	<mark>.</mark>							
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	
SIX	TY-THIRD	SUBSCRIBER GRO	UP	SIX	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	<mark>.</mark>		<u></u>					
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	<mark>.</mark>							
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			<u></u>				<u></u>	
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			<u>-</u>			1		
						+		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417								
				ATE FEES FOR EACH				
SI: COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	III		I SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA				COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>				 			and Syndicated
								Exclusivity
								Surcharge
	<u></u>				<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	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
					<u></u>			
								
								
Total DSEs			0.00	Total DSEs		П	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
Enter here and in bloc			rıber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007417	Name
				ATE FEES FOR EAC				
SIZ COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	JP 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
								for
	····							Partially Distant
								Stations
	<u></u>	-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SEVE	NTY-FIRST	SUBSCRIBER GROU	JP	SEVENT	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	····							
	····							
	····				••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add	the base rat	e fees for each subsc	criber arour	as shown in the boxes	above.			
Enter here and in bloo			J 3p			\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007417	Name
-	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		li		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
ONLE CICIT	502	O/ILL GIGIT	BOL	OF ILLE STOTE	502	O/ LEE GIGIT	502	Base Rate Fee
								and
								Syndicated
						<u> </u>		Exclusivity
					·····			Surcharge for
			<u></u>			-		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	
SEVE	NTY-FIFTH	SUBSCRIBER GRO)UP	SEV	ENTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	····						<u> </u>	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	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 blo			scriber group	as shown in the boxe	s above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007417	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		TI .		SUBSCRIBER GRO		9
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA	······································		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	·····							Syndicated Exclusivity
			-					Surcharge
		-						for
								Partially
					<mark></mark>			Distant
								Stations
			•		····			I
					<mark>.</mark>			I
T			0.00				0.00	
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	
SEVE	NTY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	٩		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	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		E SYSTEM:				S	YSTEM ID# 007417	Name	
				TE FEES FOR EACH					
		SUBSCRIBER GROU	JP 0	ii —		SUBSCRIBER GROU	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 Secon	nd Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
EIG	HTY-THIRD	SUBSCRIBER GROU	JP	EIGHT	Y-FOURTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
				-					
					····				
				-					
Total DSEs			0.00	Total DSEs		II	0.00		
Gross Receipts Third	d 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		LE SYSTEM:				S	YSTEM ID# 007417	Name
				ATE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	UP 0	9
COMMUNITY AREA	·············		U	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-			<u></u>			and Syndicated
								Exclusivity
								Surcharge
		 		-				for
								Partially Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts 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	TY-EIGHT	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
					<u></u>			
Total DSEs			0.00	Total DSEs		II	0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
							<u> </u>	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	
Base Rate Fee: Add	the base rat	e fees for each subsc	riber group	as shown in the boxes	above.			
Enter here and in blo						\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU				I SUBSCRIBER GROU		9
COMMUNITY/ AREA	······································		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-			<u> </u>			and Syndicated
					<u></u>			Exclusivity
								Surcharge
					<u> </u>			for
					<u>-</u>			Partially Distant
		-			-			Stations
					<u></u>			
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NIN	NETY-FIRST	SUBSCRIBER GROU	JP	NINET	Y-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
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					<u></u>			
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					<u></u>			
				·	<u>-</u>			
					<u> </u>			
Total DSEs			0.00	Total DSEs		II	0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
	- 1				I ₂	-		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourti	າ Group	\$	0.00	
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# 007417	Name	
				TE FEES FOR EACH					
NIN COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0	11		1 SUBSCRIBER GRO	UP 0	9	
COMMUNITY AREA	Α			COMMUNITY/ AREA				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	·····		<u>.</u>		<u></u>			and Syndicated	
					<u></u>			Exclusivity	
								Surcharge	
								for Partially	
			·					Distant	
								Stations	
			<u>.</u>						
					<u></u>				
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	t Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
		SUBSCRIBER GRO		II		SUBSCRIBER GRO	UP		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			-						
			<u> </u>		<u></u>				
			<u>.</u>		<u></u>				
			<u>.</u>						
					<u></u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fourt	th 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			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EAC				
NINETY-S COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		SUBSCRIBER GROU	UP 0	9
								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
	·		-					
							····	
						-		
Total DSEs	•		0.00	Total DSEs	·		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NINE	ΓΥ-NINTH	SUBSCRIBER GRO	UP	ONE H	IUNDREDTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·				·····			
	<u>.</u>		-				<u> </u>	
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	<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.	\$		

CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 007417	Name
				ATE FEES FOR EACH			ID.	
COMMUNITY/ AREA	RED FIRST	SUBSCRIBER GROL)P 0	COMMUNITY/ AREA		SUBSCRIBER GROU)P 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
					<u></u>	-		Distant
								Stations
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								I
								I
								I
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	D FOURTH	SUBSCRIBER GROU	JP	1
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Daso Rato I GG IIIII (C.Oup	<u> </u>	0.00	Dago Rate i ee i ouiti	Отоир	<u> </u> *	3.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007417	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
					<u></u>			Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
		-						Stations
					<u></u>		<u></u>	
					<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	
ONE HUNDRE	D SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDR	ED EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
		 			<u></u>			
				1				
					<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		LE SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EAC				
ONE HUNDR COMMUNITY/ AREA	ED NINTH	SUBSCRIBER GRO		ii .		SUBSCRIBER GROU		9
COMMUNITY AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u>.</u>		·····	-		and Syndicated
		-		·		-		Exclusivity
								Surcharge
								for
								Partially Distant
			<u>.</u>		·····	-		Stations
						1		
			<u>-</u>					
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Second		\$	0.00	
COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GROU	0	
COMMUNITY AREA				COMMUNITY AREA	A			
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 Foun	rth Group	\$	0.00	
				П				
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# 007417	Name
В	SLOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	RTEENTH	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0.122 0.0.1	302	07.22 0.011	302	07.22 0.011	202	07.122.01.01.1	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
	···				••••	-		Partially
								Distant
								Stations
		-						
						-		
						-		
	···		•			†	••••	
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First 0		\$	0.00	Base Rate Fee Seco		\$	0.00	
	IFTEENTH	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			<u>.</u>			-	<u> </u>	
	···				••••	-		
		<u> </u>						
			<u></u>					
						-	····	
	···				••••	-	····	
	<u></u>		<u>.</u>					
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxes	s above.	\$		

BLONE HUNDRED SEVEN COMMUNITY/ AREA		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH				
	TEENTH	SUBSCRIBER GROU		1				
COMMUNITY/ AREA				11		SUBSCRIBER GROU		9
			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u> </u>	-		and
						 		Syndicated Exclusivity
						 	<u></u>	Surcharge
								for
								Partially
					<u> </u>	-		Distant Stations
					<u> </u>	-		Stations
					<u> </u>			
					<u> </u>	-	<u></u>	
Total DSEs	!	-	0.00	Total DSEs		-!-!	0.00	
Gross Receipts First Gro	auc	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
					ср	-		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED NIN	TEENTH	SUBSCRIBER GROU		ii	WENTIETH	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>			
					. 	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup.	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Dago Rate Fee Hill Gi	Jup	<u> </u>	0.00	Dasc rate i ee i ouiti	, Group	<u> </u>	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007417	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	ITY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED TWEE	NTY-SECOND	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
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	ļ							
	 							
	 							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	าดเมท	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
erece recorpto i net el	оир			Cross rescipto cost	ond Group	•		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DCFa			0.00	
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			riber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007417	Name
В	SLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	NTY-FIFTH	SUBSCRIBER GROU		††		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>		<u></u>	.				Base Rate Fee
		-	<u>-</u>					Syndicated
								Exclusivity
								Surcharge
			<u> </u>					for
			<u> </u>					Partially
			<u>-</u>					Distant Stations
	···		<u>-</u>		••••			Otations
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	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	
NE HUNDRED TWENT	/-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TWO	ENTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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 Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417								
В	SLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP			
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	ED THIRTIETH	SUBSCRIBER GROUP)	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
07.122.01011	202	57 LL 5.5.1	302	07.22 0.0.1	302	07.22 0.011	302	Base Rate Fee	
							••••	and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00		
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-SECOND	SUBSCRIBER GROUP)		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
									
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	···				·····	-	····		
						-			
						-			
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					•••••				
Total DSEs	•		0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add t Enter here and in bloo			riber group	as shown in the boxe	s above.	\$			

CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 007417	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUP	0	ONE HUNDRED THIR	TY-FOURTH	SUBSCRIBER GROUP	0	9
COMMONT 17 AREA				COMMONT IT 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
					·			
							<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	
ONE HUNDRED THIS	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	l							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007417	Name	
				ATE FEES FOR EACH					
ONE HUNDRED THIRT		SUBSCRIBER GROUP	0	ONE HUNDRED THIS COMMUNITY/ AREA		I SUBSCRIBER GROUP	0	9	
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
				-				and	
		-			······································			Syndicated	
								Exclusivity	
					<u> </u>			Surcharge	
		-						for	
					<u> </u>	-	····	Partially Distant	
					-			Stations	
	<u>.</u>				<u> </u>				
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Total DSEs			0.00	Total DSEs		<u> </u>	0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
ONE HUNDRED TH	IRTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-			<u></u>				
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourtl	n Group	\$	0.00		
S. SOS MOSSIPLS TIMU	эгоар		3.00	Si soo rescipto i suiti	. С.оцр	*			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
Base Rate Fee: Add the Enter here and in blood			riber group	as shown in the boxes	above.	\$			

and syndiated because the state of the base rate fees for each subscriber group as shown in the boxes above.	CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007417	Name
COMMUNITY/ AREA									
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE data Figure 1 and the state of the state			SUBSCRIBER GROUP		it .		SUBSCRIBER GROUP		9
CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA	Α			COMMUNITY/ AREA				_
and syndated by Surcharge for Partially Distant Stations Total DSEs	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	_
Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs O.00 Gross Receipts First Group S O.00 ONE HUNDRED FORTY-FIRIRO SUBSCRIBER GROUP COMMUNITY AREA O CALL SIGN DSE CALL SIG									Base Rate Fee
Exclusivity Partially Distant Stations Total DSEs Gross Receipts First Group \$ 0.00. Gross Receipts Fourth Group \$ 0.00. Gross Receipts Fourth Group \$ 0.00. Gross Receipts Fourth Group \$ 0.00. Gross Receipts Group \$ 0.00. Gross Receipts Fourth Group \$ 0.00. Gross Receipts Fourth Group \$ 0.00. Gross Receipts Group \$ 0.00. Gross Receipts Fourth Group \$ 0.00. Gross Receipts Fourth Group \$ 0.00. Gross Receipts Fourth Group \$ 0.00. Gross Receipts Group \$ 0.00. Gross Receipts Fourth Group \$ 0.00. Gross Receipts Fourth Group \$ 0.00.									
Surcharge for partially Distant Stations Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group CALL SIGN DSE CALL SIGN D			<u> </u>						-
Total DSEs Gross Receipts First Group Base Rate Fee First Group COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CAL					-				_
Distant Stations Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCMMUNITY/ AREA OCMUNITY/ AREA OCMMUNITY/ AREA OCMMUNITY/									for
Stations Total DSEs Total DS									-
Total DSEs Gross Receipts First Group Base Rate Fee First Group S O.00 ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL		·····							
Gross Receipts First Group Base Rate Fee First Group S O.00 ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE									Stations
Gross Receipts First Group Base Rate Fee First Group S O.00 ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE									
Gross Receipts First Group Base Rate Fee First Group S O.00 ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE									
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Gross Receipts First Group Base Rate Fee First Group S O.00 ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE							- -		
Gross Receipts First Group Base Rate Fee First Group S O.00 ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE	Total DSEs			0.00	Total DSEs		Ц	0.00	
ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCOMMUNITY/ AREA CALL SIGN DSE C		Gross Receipts First Group \$ 0.00				nd Group	\$	-	
ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCOMMUNITY/ AREA CALL SIGN DSE C									
COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN			SUBSCRIBER GROUP		ii e		I SUBSCRIBER GROUF		
Total DSEs O.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									I
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			<u> </u>		-				
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									I
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									I
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			-		-				
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			-						
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.						····			
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
	Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007417	Name	
				ATE FEES FOR EAC					
		SUBSCRIBER GROUP		TI .		H SUBSCRIBER GROUF		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
		-						and	
								Syndicated Exclusivity	
								Surcharge	
								for	
					<u></u>			Partially Distant	
								Stations	
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
		SUBSCRIBER GROUP		II		H SUBSCRIBER GROUF			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
					<u></u>				
									
									
						•			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$			

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007417	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GROU		ONE HUNDRE	D FIFTIETH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.22 0.0.1	202	57.122 S. S. Y	202	0/122 0:0:1	202	07.122.010.1	202	Base Rate Fee
								and
	<u> </u>				<u></u>			Syndicated
								Exclusivity
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	···	-			····			Partially
					••••			Distant
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Total DSEs		-	0.00	Total DSEs	•		0.00	
Gross Receipts First G	iroup	\$	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 GROU	JP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (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 the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		İ		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 Fee
		ļ						and
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	····	-	······································			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED I	FIFTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROUP		ii e		H SUBSCRIBER GROUF	0	9
COMMUNITY/ AREA	·············		0	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 Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED	FIFTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	ED SIXTIETI	H SUBSCRIBER GROUF)	
COMMUNITY/ AREA	4		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	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.	\$		

LEGAL NAME OF OWNI		LE SYSTEM:	•			S	O07417	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA		N SPRINGS, POR		COMMUNITY/ AREA		GOULA, ESCATA\		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u> </u>					Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
					<u></u>			Partially
							<u></u>	Distant
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Total DSEs		<u> </u>	0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	£ 1.366	,639.00	Cross Bossints Soci	and Croup	. 175	55,209.00	
GIOSS Receipts Filst C	лоир	\$ 1,366	,039.00	Gross Receipts Seco	ina Group	\$ 1,75	55,209.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	BILOXI	, HARRISON CO	JNTY	COMMUNITY/ AREA	HARRIS	SON CO (DIAMONI	OHEAD), G	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 1,769	,917.00	Gross Receipts Four	th Group	\$ 3,01	3,625.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
			criber group	as shown in the boxes	above.			
Enter here and in bloc			- '			\$	0.00	

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	FIFT TY/ AREA HANC						
COMMUNITY/ AREA HANCOCK COUNTY (DIAMOND) CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DS	TY/ AREA HANC		ATE FEES FOR EACH				
CALL SIGN DSE CA			1			UP	9
Total DSEs		COUNTY (DIAMOND	COMMUNITY/ AREA	VANCLE	AVE		Computation
Total DSEs	3N DSE	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0							Base Rate F
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0							and
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0							Syndicated
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0							Exclusivity
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0							Surcharge
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0							for
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0							Partially
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0							Distant
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0							Stations
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0						·····	
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0				···			
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0				··			
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0				····			
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0				·			
Gross Receipts First Group \$ 309,845.00 Gross Receipts Second Group \$ 95,254.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0		0.00	Total DSEs	<u>.</u>		0.00	
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	SEVENT	SCRIBER GROUP		EIGHTH :	SUBSCRIBER GRO	UP	
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	eipts Third Group	0.00	Raco Dato Eoo Ecuati	Group	\$	0.00	

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9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GRO	NINTH	
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	JP	SUBSCRIBER GROU	TWELVTH		UP	SUBSCRIBER GRO	LEVENTH	EL
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	O07417	S'				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
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and Syndicated Exclusivity Surcharge for Partially Distant		1		DSE	CALL SIGN	DSE	CALL SIGN
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Name	YSTEM ID# 007417	S				LE SYSTEM:	ER OF CABL	CABLE ONE, INC.
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (Bl
9	JP	SUBSCRIBER GROU	-SECOND	TWENT		SUBSCRIBER GRO	TY-FIRST	TWEN
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRTY-FIF	TH SUBSCRIBER GR	OUP	T	HIRTY-SIXTH	I SUBSCRIBER GRO	UP	
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LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GRO			Y-SECOND	SUBSCRIBER GROU		9
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FOR1	Y-THIRD	SUBSCRIBER GRO	UP	FORT	Y-FOURTH	SUBSCRIBER GROU	JP	
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		e fees for each subs	criber group	as shown in the boxes	above.	\$		

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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Fross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	ase Rate Fee First G
	JP	SUBSCRIBER GROU			SUBSCRIBER GROU	SEVENTH		
	0	COMMUNITY/ AREA 0			0		COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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			_	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third C
	0.00	Gross Receipts Fourth Group \$ 0.00			<u> </u>			
	0.00	\$	Group	·				·

9 Computation		IBER GROUP	CLIDCCD			· · · · · · · · · · · · · · · · · · ·		
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	-SECOND	FIFT	JP	SUBSCRIBER GRO	TY-FIRST	FIF
<u>) </u>	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

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	ID			TE FEES FOR EACH				
9)P	SUBSCRIBER GROU	-FUUKIH	COMMUNITY/ AREA	<u> </u>	SUBSCRIBER GRO	I 1-I HIKD	COMMUNITY/ AREA
Computati				COMMONT IT AREA				SOMMONT IT ANEA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		-					<u> </u>	
Syndicate Exclusivit						-	<mark></mark>	
Surcharge		-					-	
for		-					<u>"</u>	
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	TY-SIXTH	FIF	JP	SUBSCRIBER GRO	TY-FIFTH	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		CALL SIGN	DSE			CALL SIGN	DSE	
	0.00			Total DSEs	0.00			Total DSEs
		\$				CALL SIGN		

Name	YSTEM ID# 007417	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
٥	JP	SUBSCRIBER GROU	Y-EIGHTH	FIFT		SUBSCRIBER GRO	SEVENTH	FIFTY-S
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and						-		
Syndicated								
Exclusivity Surcharge							·	
for		-				-	·	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GRO	TY-NINTH	FIFT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

0 9 Computation		IBER GROUP	SUBSCR	TE EEEO EOD EAOU				
Computation	LID					COMPUTATION OF		
Computation		SUBSCRIBER GROU	'-SECOND			SUBSCRIBER GROU	TY-FIRST	
E of	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	UP	SUBSCRIBER GROU	/-FOURTH	SIXT	JP	SUBSCRIBER GROU	TY-THIRD	SIX
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

Name	YSTEM ID# 007417	S'				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	CTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Base Rate Fe								
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	0.00	Ц	<u>!</u>	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 Gr
	JP	SUBSCRIBER GROU	Y-EIGHTH	SIXT	JP	SUBSCRIBER GRO	SEVENTH	SIXTY-S
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

	YSTEM ID# 007417					LE SYSTEM:		CABLE ONE, INC.
	-			TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	VENTIETH	SE		SUBSCRIBER GRO	TY-NINTH	SIX
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		<u> </u>						
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	0.00		•	Total DSEs	0.00		•	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
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	JP	SUBSCRIBER GROU	/-SECOND	SEVENT	UP	SUBSCRIBER GRO	TY-FIRST	SEVEN
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	ID			TE FEES FOR EACH				
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	JP	I SUBSCRIBER GROU	NTY-SIXTH	SEVEN	JP	SUBSCRIBER GRO	NTY-FIFTH	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
		CALL SIGN				CALL SIGN		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EAC				
	EVENTH	SUBSCRIBER GRO		SEVEN	ITY-EIGHTH	SUBSCRIBER GROU	JP	۵
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs	II		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
3ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SEVENT	Y-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		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 Fourt	th Group	\$	0.00	
the	e base rat			as shown in the boxes		\$	0.00	

								
	ID					COMPUTATION OF		
9	<u>0</u>	SUBSCRIBER GROU	-SECOND	COMMUNITY/ AREA	<u>ور</u>	SUBSCRIBER GRO	11 1-FIK51	EIGH COMMUNITY/ AREA
Computat				COMMONT IT AREA				DOMINIONIT IT AIREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and						-		
Syndicate		-		••••••				
Exclusivi Surcharg								
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	0.00	!!		Total DSEs	0.00		<u> </u>	otal DSEs
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Fross Receipts First G
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	0.00		d Group	Base Rate Fee Secon	0.00		Group	iase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ITY-THIRD	ease Rate Fee First G EIGH COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ITY-THIRD	ase Rate Fee First G EIGH OMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ITY-THIRD	ase Rate Fee First G EIGH OMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ITY-THIRD	ease Rate Fee First G EIGH COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ITY-THIRD	ease Rate Fee First G EIGH COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ITY-THIRD	ease Rate Fee First G EIGH COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ITY-THIRD	ease Rate Fee First G EIGH COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ITY-THIRD	ease Rate Fee First G EIGH COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ITY-THIRD	Base Rate Fee First G EIGH COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ITY-THIRD	Base Rate Fee First G EIGH COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ITY-THIRD	Base Rate Fee First G EIGH COMMUNITY/ AREA
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ITY-THIRD	ease Rate Fee First G EIGH COMMUNITY/ AREA
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	0.00 JP	SUBSCRIBER GROU	d Group 7-FOURTH DSE	EIGHTY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GRO	ITY-THIRD DSE	EIGH COMMUNITY/ AREA CALL SIGN
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	0.00 JP	SUBSCRIBER GROU	d Group /-FOURTH DSE Group	EIGHTY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GRO	ITY-THIRD DSE	COMMUNITY/ AREA

Name	YSTEM ID# 007417	S`				LE SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	EIGHT	UP	SUBSCRIBER GRO	SEVENTH	EIGHTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSFs	0.00			Total DSFs
	0.00			Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EACH				
	ΓY-NINTH	SUBSCRIBER GRO			NINTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-	<u> </u>					and
	·		. 			-		Syndicated Exclusivity
					-	-		Surcharge
								for
								Partially
								Distant
	.		<u>-</u>		<u>-</u>		····	Stations
			<u>-</u>		·			
					ļ			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRO	UP	NINET	/-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u></u>		<u> </u>			
			<u> </u>		<u>.</u>			
			. 		·	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
_	•	-	I		•	-		
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

	ID					COMPUTATION OF		
9	0	SUBSCRIBER GROU	UUKIH	COMMUNITY/ AREA	<u>مر</u>	SUBSCRIBER GRO	TT-THIKD	NINE COMMUNITY/ AREA
Computati				COMMONT IT AREA				DOMINIONITITY AIREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		-						
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Exclusivit Surcharg		-						
for		-					···	
Partially								
Distant								
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	0.00	•	•	Total DSEs	0.00	-		otal DSEs
	0.00	•	d Croup	Cross Descipto Secon	0.00	¢	roun	roop Doppinto First C
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
	0.00		d Group	Base Rate Fee Secon	0.00		Group	sase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	sase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	sase Rate Fee First G
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	ase Rate Fee First G NINE OMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	Sase Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	Sase Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	ase Rate Fee First G NINE OMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	Sase Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	Sase Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	Sase Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group ETY-FIFTH	Sase Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	0.00 JP O DSE	\$ SUBSCRIBER GRO	Group ETY-FIFTH	NINE COMMUNITY/ AREA CALL SIGN
	0.00 JP	SUBSCRIBER GROU	d Group ETY-SIXTH DSE	Base Rate Fee Secon NINI COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GRO	DSE	NINE COMMUNITY/ AREA CALL SIGN otal DSEs
	O.00 JP O DSE	\$ SUBSCRIBER GROU	d Group ETY-SIXTH DSE	Base Rate Fee Secon NINI COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	DSE	NINE COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 JP	SUBSCRIBER GROU	d Group ETY-SIXTH DSE Group	Base Rate Fee Secon NINI COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GRO	DSE Group	COMMUNITY/ AREA

Name	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007417								
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and				•••••					
Syndicated									
Exclusivity	·	-					-		
Surcharge for									
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr	
	IP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GRO	TY-NINTH	NINET	
	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

	EGAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007417								
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (BL	
0	JP	SUBSCRIBER GROU	SECOND			SUBSCRIBER GRO	ED FIRST	ONE HUNDRE	
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
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Exclusivity									
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-	0.00		ļ	Total DSEs	0.00		-	Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	FOURTH	ONE HUNDRED	JP	SUBSCRIBER GRO	ED THIRD	ONE HUNDRE	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

Name	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007417								
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BL	
0	IP	SUBSCRIBER GROU	RED SIXTH	ONE HUNDF	JP	SUBSCRIBER GRO	ED FIFTH	ONE HUNDRE	
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and						H			
Syndicated				•		H			
Exclusivity						H			
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for Partially	<u> </u>					H	<u>.</u>		
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	0.00		•	Total DSEs	0.00		•	Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
	IP	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GRO	SEVENTH	ONE HUNDRED S	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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						-			
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007417								
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GRO	JP	ONE HUNDR	ED TENTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
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Total DSEs	<u> </u>		0.00	Total DSEs		Щ	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	EVENTH	SUBSCRIBER GRO		İ	IWELVIH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			·····			++	<u> </u>	
Total DSEs	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	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	007417	Name
				TE FEES FOR EAC				
ONE HUNDRED THIS	RTEENTH	SUBSCRIBER GRO		iii		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 F
								and
			<u></u>		<u>.</u>			Syndicated
						<u> </u>		Exclusivity Surcharge
		-						for
								Partially
								Distant
					<u></u>			Stations
			<u></u>		·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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Total DSEs	1		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 Fou	rth Group	\$	0.00	
		te fees for each subs	scriber group	as shown in the boxe	s above.	\$		

	YSTEM ID# 007417					LE SYSTEM:		CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH				
•		SUBSCRIBER GROUP	GHTEENTH	ONE HUNDRED E		SUBSCRIBER GROUP	ENTEENTH	ONE HUNDRED SEVE
9 Computation	0	0			0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
Surcharge								
for	<u></u>						···	
Partially							<u> </u>	
Distant Stations		-					···	
Stations	····						···	
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	0.00			Total DSEs	0.00		•	Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
	*	\$ SUBSCRIBER GROU				SUBSCRIBER GROU		
	*							ONE HUNDRED NIN
	JP			ONE HUNDRED T	JP			ONE HUNDRED NIN
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
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	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
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LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	YSTEM ID# 007417	Name
BL	OCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	NTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-SECONE	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
3ase Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWEN	ITY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						0.120.011		
		-						
								
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Total DSEs			0.00	Total DSEs			0.00	
Cross Bossints Third C	roup	¢	0.00	Cross Bossints Fou	rth Croup	•	0.00	
Gross Receipts Third G	лоир	\$	0.00	Gross Receipts Fou	rai Gioup	\$	0.00	
Base Rate Fee Third G	Froup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S'	YSTEM ID# 007417	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED TWEN	TY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-SIXTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
						-		Exclusivity
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Total DSEs			0.00	Total DSEs		11	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	
NE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
TOTAL DOES				TOTAL DOES		-	_	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
eipts Third G Fee Third G	oup	\$	0.00		Group	\$ \$		

	YSTEM ID# 007417	S				.E SYSTEM:		CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
^		SUBSCRIBER GROUP	THIRTIETH	ONE HUNDRED)	SUBSCRIBER GROUP	ITY-NINTH	ONE HUNDRED TWEN
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated		 						
Exclusivity								
Surcharge								
for	<u></u>		ļ				·	
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	0.00		•	Total DSEs	0.00	,	-	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT)	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIS
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

	YSTEM ID# 007417					LE SYSTEM:	ER OF CABL	CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (Bl
0		SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED THIR		SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED THIS
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
Surcharge								
for								
Partially							<u></u>	
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Stations							<mark></mark>	
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	0.00			Total DSEs	0.00		<u> </u>	Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Froup	Base Rate Fee First G
	JP	ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA			UP	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH		UP 0	SUBSCRIBER GROU	RTY-FIFTH	
		SUBSCRIBER GROU	DSE			SUBSCRIBER GROU	TY-FIFTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	007417	Name
BL	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCE	RIBER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUI	P	ONE HUNDRED TH	HRTY-EIGHTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
			<u></u>					Exclusivity
		-						Surcharge
			···		·····			for Partially
			<u></u>		····		••••	Distant
		-						Stations
		-						
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u></u>					
		-	<u></u>					
	ļ		<u></u>					
			<u>-</u>		<mark></mark>		<u></u>	
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee 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.	R OF CABL	.E SYSTEM:				S	007417	Name
				TE FEES FOR EAC				
ONE HUNDRED FOR	TY-FIRST	SUBSCRIBER GROU		iii		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
					<u>.</u>			Syndicated
								Exclusivity Surcharge
			•••					for
								Partially
		-						Distant
					<u></u>			Stations
			····		·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
							<u> </u>	
			···		·····			
		-						
					<u></u>			
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the				11				

	007417						•	
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	RTY-SIXTH	it		SUBSCRIBER GROUF	RTY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and							<u>.</u>	
Syndicate		-	<mark>.</mark>				<mark></mark>	
Exclusivit Surcharg		 					<u>-</u>	
for		-	<u>.</u>				<u>-</u>	
Partially								
Distant								
Stations		-	<u>.</u>				<mark></mark>	
		-	<mark>-</mark>				<mark></mark>	
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	0.00	_		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
)	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR		SUBSCRIBER GROUF	-SEVENTH	NE HUNDRED FORTY
	^							
	U			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE					
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		CALL SIGN		CALL SIGN Total DSEs	DSE		DSE	CALL SIGN
	0.00			CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN

	007417					LE SYSTEM:		CABLE ONE, INC.
9	JP	IBER GROUP SUBSCRIBER GROU						ONE HUNDRED FOR
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and Syndicate							···	
Exclusivity		-						
Surcharge								
for								
Partially Distant							···	
Stations								
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						,		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	Group	ase Rate Fee First G
	JP	SUBSCRIBER GROU	-SECOND	ONE HUNDRED FIFTY	JP	SUBSCRIBER GRO	TY-FIRST	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		L						
	0.00			Total DSEs	0.00			fotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs Gross Receipts Third C

Name	YSTEM ID# 007417	S				LE SYSTEM:		CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH				
9	IP	SUBSCRIBER GROU	/-FOURTH	ONE HUNDRED FIFT	JP	SUBSCRIBER GRO	ry-third	ONE HUNDRED FIFT
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		_						
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Exclusivity								
Surcharge		_					<u>.</u>	
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Partially Distant							·	
Stations	····				·			
		_				-		
	0.00	-		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED FI	JP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		_						
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	0.00			Total DSEs	0.00			Total DSEs
	0.00		Group		0.00		Stoup	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

CABLE ONE, INC.						007417
			ATE FEES FOR EAC			
ONE HUNDRED FIFTY-SEVEN	H SUBSCRIBER GROU		TI .		H SUBSCRIBER GROUI	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			-	····		
				••••		
otal DSEs		0.00	Total DSEs			0.00
		0.00		and Group	\$	0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ma Group		
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ла огоар		
	\$	0.00	Base Rate Fee Second		\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group		<u>,</u>
ase Rate Fee First Group ONE HUNDRED FIFTY-NINT	\$	0.00	Base Rate Fee Seco	ond Group	\$	<u>,</u>
ONE HUNDRED FIFTY-NINT	\$	0.00	Base Rate Fee Seco	ond Group	\$	DUP
ONE HUNDRED FIFTY-NINT	\$ H SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
ase Rate Fee First Group ONE HUNDRED FIFTY-NINT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
ase Rate Fee First Group ONE HUNDRED FIFTY-NINT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
ONE HUNDRED FIFTY-NINT	\$ H SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
ONE HUNDRED FIFTY-NINT	\$ H SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
ONE HUNDRED FIFTY-NINT	\$ H SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
ONE HUNDRED FIFTY-NINT	\$ H SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
ONE HUNDRED FIFTY-NINT	\$ H SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
ONE HUNDRED FIFTY-NINT	\$ H SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
ONE HUNDRED FIFTY-NINT	\$ H SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
Base Rate Fee First Group ONE HUNDRED FIFTY-NINT COMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
ONE HUNDRED FIFTY-NINT	\$ H SUBSCRIBER GRO	0.00 OUP	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
ONE HUNDRED FIFTY-NINT COMMUNITY/ AREA CALL SIGN DSE	\$ H SUBSCRIBER GRO	0.00 OUP O DSE	Base Rate Fee Second ONE HUNDRE COMMUNITY/ AREA	ond Group	\$ I SUBSCRIBER GRO	DSE DSE
ONE HUNDRED FIFTY-NINT COMMUNITY/ AREA CALL SIGN DSE	\$ H SUBSCRIBER GRO	0.00	Base Rate Fee Seco	ond Group	\$ I SUBSCRIBER GRO	0 0
ONE HUNDRED FIFTY-NINT COMMUNITY/ AREA CALL SIGN DSE	\$ H SUBSCRIBER GRO	0.00 OUP O DSE	Base Rate Fee Second ONE HUNDRE COMMUNITY/ AREA	DSE	\$ I SUBSCRIBER GRO	DSE DSE
COMMUNITY/ AREA	S H SUBSCRIBER GRO	0.00	Base Rate Fee Second ONE HUNDRE COMMUNITY/ AREA	DSE	SUBSCRIBER GRO	DSE DSE O.00

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007417 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007417 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007417 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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