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 owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting conductions. Check here if this is the system's first filing. If not, enter the system's ID | ess of the cable system on the last day of the counting perion | em the accounting period should s | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | |
| | CABLE ONE, INC. | | | |
| | | | | 00742720171 |
| | | | | 007427 2017/1 |
| | 210 E. EARLL DRIVE PHOENIX, AZ 85012-2626 | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | the eyetem, ir aim | | Тигорабо В. |
| | MAILING ADDRESS OF CABLE SYSTEM: 2005 S. MAIN STREET (Number, street, rural route, apartment, or suite number) ROSWELL, NM 88203 (City, town, state, zip code) | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the frst comm | nunity served below and rel | ist on page 1b |
| Area | with all communities. | | | |
| Served | CITY OR TOWN | STATE | | _ |
| First Community | ROSWELL | NM | | |
| Johnnanty | Below is a sample for reporting communities if you report multiple cha | | | OLID ODD# |
| | CITY OR TOWN (SAMPLE) Alda | STATE MD | CH LINE UP A | SUB GRP# |
| Sample | Alliance | MD | В | 2 |
| | Gering | MD | В | 3 |
| | | | _ | |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | | | |
|---|-------|------------|------------|------------------------|--|--|--|--|--|--|
| CABLE ONE, INC. | | | 007427 | | | | | | | |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form | | | | | | | | | | |
| of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses | | | | | | | | | | |
| below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially partially personal to 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# | | | | | | | |
| ROSWELL | NM | | | First | | | | | | |
| CHAVES COUNTY | NM | | | Community | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | See instructions for | | | | | | |
| | | | | additional information | | | | | | |
| | | | | on alphabetization. | | | | | | |
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| | | | | Add rows as necessary. | | | | | | |
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 007427 CABLE ONE, INC.

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 | | | BLOCI | < 2 | |
|--|-----------------------|-----------------|-------|---------------------|-----------------------|---|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
| Residential: | | | | | | |
| Service to first set | 5,640 | \$ | 24.00 | | | |
| Service to additional set(s) | 13,580 | ļ | | | | |
| FM radio (if separate rate) | | ļ | | | | |
| Motel, hotel | | ļ | | | | |
| Commercial | | ļ | | | | |
| Converter | | ļ | | | | |
| Residential | | | | | | |
| Non-residential | | | | | | |
| | | · · · · · · · · | | | | *************************************** |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| | | BLO | CK 1 | | | | BLOCK 2 | | |
|---|----|-------|-------------------------------|----|-------|---|---------------------|----|-------|
| CATEGORY OF SERVICE | F | RATE | CATEGORY OF SERVICE RATE | | | | CATEGORY OF SERVICE | F | RATE |
| Continuing Services: | | | Installation: Non-residential | | | | | | |
| • Pay cable | \$ | 17.00 | Motel, hotel | \$ | 90.00 | E | EXPANDED BASIC | \$ | 48.00 |
| Pay cable—add'l channel | \$ | 9.00 | Commercial | \$ | 90.00 | E | DVR | \$ | 10.00 |
| Fire protection | | | Pay cable | | | ŀ | HD RECEIVERS | \$ | 5.00 |
| Burglar protection | | | Pay cable-add'l channel | | | E | OVP | \$ | 10.00 |
| Installation: Residential | | | Fire protection | | | E | DIGITAL ESPANOL | \$ | 3.00 |
| First set | \$ | 90.00 | Burglar protection | | | E | DIGITAL ACCESS | \$ | 5.00 |
| Additional set(s) | | | Other services: | | | | | | |
| • FM radio (if separate rate) | | | Reconnect | \$ | 60.00 | | | | |
| Converter | | | Disconnect | | | | | | |
| | | | Outlet relocation | \$ | 60.00 | | | | |
| | | | Move to new address | \$ | 30.00 | | | | |
| | | | | | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007427 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) KASA-1 27 No SANTA FE, NM I KASA-2 2 No ALBUQUERQUE, NM See instructions for additional information KASY-1 45 I-M No ALBUQUERQUE, NM on alphabetization. KASY-2 I-M No 45 ALBUQUERQUE, NM KASY-3 45 I-M No ALBUQUERQUE, NM KASY-4 45 I-M No ALBUQUERQUE, NM **KBIM** 10 Ν No ROSWELL, NM 10 **KCHF** ı No SANTA FE, NM **KENW** 32 Ε No PORTALES, NM **KLUZ** 42 ı No ALBUQUERQUE, NM Ν KOAT-1 7 No ALBUQUERQUE, NM **KOAT-2** I-M No ALBUQUERQUE, NM 7 KOAT-3 7 I-M No ALBUQUERQUE, NM KOBR-2 8 I-M No ROSWELL, NM KOBR-2 8 I-M No ROSWELL. NM **KRPV-DT** 28 ı No ROSWELL, NM **KRQE** 13 I-M No ALBUQUERQUE, NM **KRTN** 39 1 No ALBUQUERQUE, NM

| FORM SA3E. PAGE 3 | | /OTEN4: | | | SYSTEM ID# | |
|--|--------------------|----------------|--------------------|----------------------|--|-------------------------|
| CABLE ONE, | | rSTEM: | | | 007427 | Name |
| PRIMARY TRANSMIT | | DNI DNI | | | 001421 | |
| | | | ation (including | translator stations | and low power television stations) | |
| | | | | | ed only on a part-time basis under | G |
| • | | | | • | ain network programs [sections | |
| 76.59(d)(2) and (4), substitute program b | | | - | 1(e)(2) and (4))]; a | and (2) certain stations carried on a | Primary Transmitters |
| | | | | s carried by your o | able system on a substitute program | Television |
| | on here in space | G-but do lis | | e Special Stateme | ent and Program Log)—if the | |
| station was carried List the station here | • | | ation was carried | d both on a substit | tute basis and also on some other | |
| | | | | | f the general instructions located | |
| in the paper SA3 | | eian Do not i | report origination | n program service | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| ast stream as "WE | | | • | • | n stream separately; for example | |
| VETA-simulcast). | the channel numb | her the ECC h | nas assigned to | the television stati | ion for broadcasting over-the-air in | |
| | | | - | | may be different from the channel | |
| on which your cable | system carried th | ne station. | | | , | |
| | | | | | ependent station, or a noncommercial east), "I" (for independent), "I-M" | |
| | , | • | ,, | | ommercial educational multicast). | |
| or the meaning of t | | | | | | |
| planation of local se | | | | | es". If not, enter "No". For an ex- | |
| | | | | | stating the basis on which your | |
| • | | • | ٠. | • | tering "LAC" if your cable system | |
| carried the distant st For the retransmi | • | | | | capacity. | |
| of a written agreeme | ent entered into o | n or before Ju | ıne 30, 2009, be | etween a cable sys | stem or an association representing | |
| • | | | • | • . | ry transmitter, enter the designa- ther basis, enter "O." For a further | |
| | | | • | • | ed in the paper SA3 form. | |
| | | | | • | to which the station is licensed by the | |
| -CC. For Mexican o Note: If you are utiliz | | | | • | n which the station is identifed. | |
| | | | | AA CONT'D | onamic mic 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) | | |
| KTEL | 25 | I | No | | CARLSBAD, NM | |
| KUPT | 29 | I | No | | HOBBS, NM | |
| KWBQ | 29 | I | No | | SANTA FE, NM | |
| KWBQ-2 | 29 | I-M | No | | SANTA FE, NM | |
| KWBQ-3 | | I-M | No | | SANTA FE, NM | |
| AVVDQ-3 | 29 | 1-141 | NO | | SANTA FE, NW | |
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| FORM SA3E. PAGE 3. | | | | | Account | NG 1 EMOD. 2017/1 |
|--|--|--|--|---|--|------------------------------------|
| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Nome |
| CABLE ONE, IN | NC. | | | | 007427 | Name |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bass. Substitute Basis is basis under specific FC bo not list the station station was carried between List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you he cable system 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 | G, identify even during the system during the ions in effect on ions. With in CC rules, regular here in space only on a substand also in spation and also in spation and also in spation ions. The station's call associated with each case with the ions in each case with each case in each case in each each each each each each each each | y television structure accounting in June 24, 194, or 76.63 (in d in the next respect to any ations, or auth G—but do listitute basis. In the state of the station acceptable of the station acceptable of the station acceptable of the station. In a station acceptable of the station acceptable of the station. In the station whether the station. In the local service of the station of the local service of the station of the local service of the station of the local service of the station. In the station of the station of the station of the station. It is see page (v) of the see page (v) of the station. For the station of the station. For the station of the stat | g period, except 81, permitting the referring to 76.6 paragraph. It is a continuous distant stations in the station was carried to the station was station to the report origination coording to its own to be reported in continuous assigned to the station is a network etwork), "N-M" (I educational), of the general instruction of the station is a network etwork), "N-M" (I educational), of the general instruction of lack of a seam that is not some 30, 2009, be sesociation repreyou carried the some 30, 2009, b | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitute, see page (v) on a program services to a column 1 (list each the television statification, D.C. This light of the television statification, an indefor network multicur "E-M" (for noncontions located in the finite that it is not to the television of the television statification, and indefor network multicur "E-M" (for noncontions located in the finite column 5, so and Indicate by entictivated channel of the column of the televisions located in the finite column of the televisions located in the community with the community with the community with | es". If not, enter "No". For an expaper SA3 form. It stating the basis on which your ering "LAC" if your cable system capacity. It payment because it is the subject stem or an association representing y transmitter, enter the designation in the paper SA3 form. It to which the station is licensed by the which the station is identifed. | G Primary Transmitters: Television |
| | | CHANN | EL LINE-UP | AB | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| | | | | | | |
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| FORM SA3E. PAGE 3. | | | | | | NG PERIOD: 2017/ |
|---|--|--|--|---|--|--------------------------------|
| LEGAL NAME OF OWN | | /STEM: | | | SYSTEM ID# 007427 | Name |
| PRIMARY TRANSMITTE | | N. | | | 007427 | |
| In General: In space (carried by your cable s FCC rules and regulati | G, identify every system during to ions in effect of 5.61(e)(2) and (| y television st he accounting n June 24, 19 4), or 76.63 (r | period, except 81, permitting the referring to 76.6 | (1) stations carrie | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a | G Primary Transmitters: |
| Substitute Basis S basis under specifc FC | Stations: With a CC rules, regula | respect to any ations, or auth | distant stations orizations: | | able system on a substitute program | Television |
| station was carried • List the station here, | only on a subs and also in spa formation cond | titute basis. ace I, if the sta | ation was carried | d both on a substit | ute basis and also on some other f the general instructions located | |
| Column 1: List each each multicast stream | h station's call associated with | h a station ac | cording to its over | er-the-air designa | s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example | |
| its community of licens on which your cable sy | se. For example stem carried th | e, WRC is Cha ne station. | annel 4 in Wash | ington, D.C. This | on for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial | |
| educational station, by (for independent multion For the meaning of the | entering the lecast), "E" (for neese terms, see | etter "N" (for no oncommercia page (v) of the | etwork), "N-M" (I educational), o e general instruc | for network multic or "E-M" (for nonco ctions located in th | ast), "I" (for independent), "I-M" mmercial educational multicast). | |
| planation of local servi | ce area, see pa ave entered "Yo ne distant statio | age (v) of the es" in column on during the | general instruct 4, you must cor accounting perio | ions located in the mplete column 5, s od. Indicate by ent | paper SA3 form. stating the basis on which your tering "LAC" if your cable system | |
| For the retransmiss of a written agreement the cable system and a | ion of a distant entered into o a primary trans | multicast stre n or before Ju mitter or an a | eam that is not s ine 30, 2009, be ssociation repre | subject to a royalty etween a cable system esenting the prima | repayment because it is the subject stem or an association representing ry transmitter, enter the designaher basis, enter "O." For a further | |
| 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 | d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. | |
| | | CHANN | EL LINE-UP | AC | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| | NOMBER | OTATION | | (ii Distant) | | |
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| FORM SA3E. PAGE 3. | | | | | | |
|--|--|--|--|--|--|--|
| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 007427 | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | |
| In General: In space (carried by your cable serviced by your serviced by you | G, identify every system during the constructions in effect on the construction of the | y television st he accounting in June 24, 199 4), or 76.63 (in d in the next respect to any attions, or auth G—but do lis- titute basis. ace I, if the sta- terning substiff sign. Do not r in a station acc streams must beer the FCC has, WRC is Cha- te, WRC is Cha- te, WRC is Cha- te, the station. whether the state of the station. whether the state of the state of the station. whether the state of the state of the station. | period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: to the station was carried ute basis station to the period of the reported in the station is a network ation is a network ation is a network of the period of the stational, continuational, co | to (1) stations carried the carriage of certain (1e)(2) and (4))]; as a carried by your cone Special Statement of the Special Special Special Special Statement of the Special S | es". If not, enter "No". For an ex- | Primary Transmitters: Television |
| of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the | sion of a distant t entered into o a primary trans simulcasts, also ree categories e location of ea | multicast streen or before Jumitter or an acounter "E". If , see page (v) ch station. Fo | eam that is not some 30, 2009, be association repreyou carried the of the general of the Stations, | subject to a royalty etween a cable systemeting the primal channel on any of instructions locate list the community | r payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. | |
| FCC. For Mexican or (Note: If you are utilizing | | nnel line-ups, | | space G for each | which the station is identifed. channel line-up. | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | U. LOCATION OF STATION | |
| | NUMBER | STATION | , | (If Distant) | | |
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| FORM SA3E. PAGE 3. | | | | | | , |
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| LEGAL NAME OF OWN | | STEM: | | | SYSTEM ID# | Name |
| | | | | | 007427 | |
| 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 the carried the distant stat For the retransmiss of a written agreement the cable system and | ERS: TELEVISIO G, identify every system during the control of the control G.6.61(e)(2) and (control G.6.61(e)(2) and (contro | 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 in the station. Whether the station account a | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination coording to its own be reported in the station is a network of the station in the station is a network of the stational of the stational in the stational | (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 tering "LAC" if your cable system | G Primary Transmitters: Television |
| explanation of these the Column 6: Give the | nree categories e location of ea Canadian statio | , see page (v) ch station. Fo ns, if any, giv nnel line-ups, | of the general in the state of the name of the name of the tree of | instructions locate list the community ne community with space G for each | d in the paper SA3 form. I to which the station is licensed by the which the station is identifed. | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
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| FORM SA3E. PAGE 3. | | | | | | NOTEMOD. 2017 |
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| | | STEM: | | | | Name |
| <u> </u> | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. MARY TRANSMITTERS: TELEVISION Beneral: In space G, identify every television station (including translator stations and low power television stations) ied by your cable system during the accounting period, except (1) stations carried only on a part-time basis under counting period, except (1) stations carried only on a part-time basis under counting period, except (1) stations carried only on a part-time basis under counting period, except (1) stations carried only on a part-time basis under counting period, except (1) stations carried only on a part-time basis under counting period, except (1) stations carried only on a part-time basis under counting period, except (1) stations carried only on a part-time basis under counting period, except (1) stations carried only on a part-time basis under specific FCC rules, regulations, or authorizations: on only 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 both on a substitute basis and also on some other abit of the station here, and also in space I, if the station was carried both on a substitute basis and also on some other abit of the station shall state and station shall state and sale on some other abit of the station shall state and sale on some other abit of the station shall state and sale on some other abit of the station shall | | | | | |
| PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Basis is basis under specific FC • Do not list the station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the st planation of local service Column 5: If you he cable system carried the distant stat For the retransmiss of a written agreement the cable system and station of local system carried the cable system and station of local services of a written agreement the cable system and station of local system carried the cable system and station of local services of a written agreement the cable system and station of local services of a written agreement the cable system and station of local services of a written agreement the cable system and station of local services of a written agreement the cable system and station of local services of a written agreement the cable system and station of local services of a written agreement the cable system and station of local services of a written agreement the cable system and station of local services | 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 concurre. In station's call associated with I ass | y television standard accounting in June 24, 194, or 76.63 (in d in the next espect to any ations, or auth G—but do listitute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the est in column on during the interest in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in the lo | period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the stion was carried tute basis station to cording to its over the period of the reported in the stion is a network), "N-M" (I educational), control of the period of the stion was assigned to the stion is a network), "N-M" (I educational), control of the period of the stion was assigned to the stion is a network), "N-M" (I educational), control of the stion is a network), "N-M" (I educational), control of the stion is a network), "N-M" (I educational), control of the stion is a network of the stion is a | e (1) stations carried the carriage of certa (1(e)(2) and (4))]; as a carried by your content of the Special Statement of the Special Speci | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The paper SA3 form. The paper SA3 form. The paper SA3 form the channel stating the basis on which your tering "LAC" if your cable system trapacity. The payment because it is the subject term or an association representing the transmitter, enter the designa- | G Primary Transmitters: Television |
| the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or 0 | a primary trans simulcasts, also ree categories e location of ea Canadian statio | mitter or an aa o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, | ssociation repre you carried the of the general or U.S. stations, e the name of the use a separate | esenting the primar channel on any ot instructions locate list the community ne community with space G for each | ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the which the station is identifed. | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
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| FORM SA3E. PAGE 3. | | | | | | NG PERIOD: 2017/1 |
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| LEGAL NAME OF OWN | | STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, IN | | | | | 007427 | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas | G, identify every system during the cons in effect of 5.61(e)(2) and (sis, as explaine | y television st he accounting n June 24, 19 4), or 76.63 (i d in the next | g period, except 81, permitting the referring to 76.6 paragraph. | (1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a | G Primary Transmitters: |
| Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For e explanation of these th Column 6: Give the | stations: With a CC rules, regular here in space only on a substand also in spatformation concern. In station's call associated with associated associated associated with associated with associated with associated with a sociated with a s | respect to any ations, or auth G—but do lis titute basis. Ince I, if the state erning substitute sign. Do not in a station active amount of the station. In a station active are the FCC ince station. In a station active are the station. In a station active are the station. In a station active are the station. In a station are the local sendance (v) of the local sendance (v) of the local sendance are the station and uring the me basis becamulticast street or an active are the station. In a see page (v) ch station. For the station are the station. For the station are the station are the station. | y distant stations or y distant stations or y distant stations: It it in space I (the station was carried tute basis station report origination or y distant or y | de Special Statemed do both on a substitute, see page (v) or a program service er-the-air designal column 1 (list each the television statington, D.C. This light of the television statington, D.C. This lork station, an indefor network multicur "E-M" (for noncoctions located in the inplete column 5, so do. Indicate by entictivated channel or subject to a royalty stween a cable systeming the primar channel on any of instructions locate list the community | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your eering "LAC" if your cable system | Television |
| Note: If you are utilizing | g multiple char | | | · | channel line-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | NG PERIOD: 2017/ |
|--|--|---|---|---|--|--|
| LEGAL NAME OF OWN | | /STEM: | | | SYSTEM ID# 007427 | Name |
| PRIMARY TRANSMITTI | | ON. | | | 001421 | |
| In General: In space (carried by your cable s | G, identify ever | y television st 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 |
| substitute program bas | sis, as explaine | d in the next | paragraph. | . , , , , , , , , , , , , , , , , , , , | and (2) certain stations carried on a able system on a substitute program | Primary Transmitters: Television |
| basis under specifc FO | CC rules, regula | ations, or auth | orizations: | | ent and Program Log)—if the | Television |
| basis. For further in | and also in spa formation cond | ace I, if the sta | | | ute basis and also on some other f the general instructions located | |
| each multicast stream cast stream as "WETA | ch station's call associated wit | h a station ac | cording to its over | er-the-air designat | s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example | |
| its community of licens | se. For example | e, WRC is Cha | - | | on for broadcasting over-the-air in may be different from the channel | |
| educational station, by | e in each case we entering the le | whether the st etter "N" (for n | etwork), "N-M" (| for network multic | ependent station, or a noncommercial ast), "I" (for independent), "I-M" | |
| For the meaning of the | ese terms, see ation is outside | page (v) of the the local serv | e general instruction (i.e. "c | ctions located in th distant"), enter "Ye | es". If not, enter "No". For an ex- | |
| Column 5: If you h cable system carried the distant state | ave entered "Y he distant station ion on a part-ti | es" in column on during the ame basis beca | 4, you must cor accounting perion ause of lack of a | mplete column 5, s od. Indicate by ent activated channel o | stating the basis on which your ering "LAC" if your cable system | |
| of a written agreement the cable system and tion "E" (exempt). For | t entered into o a primary trans simulcasts, als | n or before Ju mitter or an a o enter "E". If | ine 30, 2009, be ssociation repre you carried the | etween a cable system esenting the primar channel on any ot | stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further | |
| 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 | d in the paper SA3 form. to which the station is licensed by the which the station is identifed. | |
| Trote: If you are united | ig manipic chai | • | EL LINE-UP | • | onarmor mie 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 | | STEM: | | | SYSTEM ID# | Name | |
| CABLE ONE, II | | | | | 007427 | | |
| 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 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 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. | | |
| | 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) | | | |
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| FORM SA3E. PAGE 3. | | | | | | NTING PERIOD: 2017/1 |
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| LEGAL NAME OF OWN | | STEM: | | | SYSTEM II 00742 | Namo |
| CABLE ONE, IN | | NN . | | | 00142 | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you he cable system carried the | G, identify every system during the cons in effect or in 6.61(e)(2) and (6.5is, as explaine stations: With record only on a substand also in spatformation concern. In the station's call associated with example considered with example for example | y television strane accounting in June 24, 194, or 76.63 (rd din the next prespect to any attions, or auth G—but do list titute basis. Ince I, if the state arning substitute sign. Do not rear a station acceptation of the station acceptation whether the station. The station acceptation is a station acceptation of the station acceptation of the station acceptation. The station acceptation is a station acceptation of the station acceptation acceptation in column and uring the same basis because in June 24, 1981. | period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If the state of the 181, permitting to 181, permitting | (1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the carried column 1 (list each of the carried column 1). This work station, an indefer network multicular "E-M" (for noncontext of the carried column 5), and the column 5, so the column 5, so the carried column 5, so the carried column 5, so the carried column 6, so the carried colu | s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. | Primary Transmitters: Television |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the | ion of a distant entered into or a primary transsimulcasts, also aree categories, elocation of each canadian statio | multicast streen or before Jumitter or an associated enter "E". If see page (v) ch station. Fons, if any, given | eam that is not some 30, 2009, be association repreyou carried the control of the general in the | subject to a royalty stween a cable sys- senting the primal channel on any ot instructions locate list the community ne community with | payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. It owhich the station is licensed by the which the station is identifed. | |
| | | CHANN | EL LINE-UP | AJ | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 007427 | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the st planation of local servi | G, identify every eystem during the consist of effect or in effect or iss, as explaine stations: With record or a substant and also in spatformation concern. The station's call associated with experimental or explained explained the in each case we entering the lecast), "E" (for nesse terms, see pation is outside ce area, see pations in effect of the content of t | y television st he accounting h June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis- titute basis. ace I, if the sta- terning substiff sign. Do not r h a station acc streams must beer the FCC has, WRC is Cha- te, WRC is Cha- te, WRC is Cha- ter station. whether the state of the state of the station. whether the state of the state of the state of the state of the page (v) of the state of the stat | period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: to the station was carried ute basis station to the period of the reported in the station is a network ation is a network ation is a network of the reported in the station is a network of the reported in the station is a network of the reported in the station is a network of the reported in the station is a network of the reported in the station is a network of the reported in the station is a network of the reported in the station is a network of the reported in the reporte | (1) stations carried e carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television station, D.C. This ork station, an indefer network multiple or "E-M" (for noncontrions located in the television statement of the television statement of the television, an indefer network multiple or "E-M" (for noncontrions located in the television located in the televisions loca | es". If not, enter "No". For an ex- e paper SA3 form. | G Primary Transmitters: Television |
| Column 5: If you h | ave entered "Ye | es" in column | 4, you must cor | mplete column 5, | stating the basis on which your tering "LAC" if your cable system | |
| 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 | ion on a part-tir ion of a distant entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio | me basis beca multicast stren n or before Ju mitter or an ar o enter "E". If , see page (v) ch station. Fo ons, if any, giv | ause of lack of a earn that is not s one 30, 2009, be association repre you carried the of the general r U.S. stations, e the name of the | activated channel subject to a royalty stween a cable sy senting the prima channel on any o instructions locate list the community with | capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. | |
| • | <u> </u> | CHANN | EL LINE-UP | ۸K | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | NG PERIOD: 2017/ |
|--|--|--|---|----------------------|---|-----------------------------|
| LEGAL NAME OF OWN | | /STEM: | | | SYSTEM ID# 007427 | Name |
| CABLE ONE, IN | | N | | | 007427 | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 | G, identify ever system during t ions in effect or 5.61(e)(2) and (| y television st he accounting n June 24, 19 4), or 76.63 (r | period, except 81, permitting the referring to 76.6 | (1) stations carrie | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a | G |
| substitute program bas Substitute Basis S | | | • • | s carried by your o | able system on a substitute program | Transmitters: Television |
| | here in space | G-but do lis | | e Special Stateme | ent and Program Log)—if the | |
| | and also in spa formation cond | ace I, if the sta | | | tute basis and also on some other f the general instructions located | |
| Column 1: List eac | ch station's call | • | | . • | s such as HBO, ESPN, etc. Identify | |
| | | | • | • | tion. For example, report multi- n stream separately; for example | |
| | se. For example | e, WRC is Cha | - | | on for broadcasting over-the-air in may be different from the channel | |
| Column 3: Indicate | in each case v | whether the st | | | ependent station, or a noncommercial | |
| | • | • | ,, | | ast), "I" (for independent), "I-M" ommercial educational multicast). | |
| For the meaning of the | ese terms, see | page (v) of the | e general instru | ctions located in th | ne paper SA3 form. | |
| planation of local servi | | | | ** | es". If not, enter "No". For an exerpaper SA3 form. | |
| Column 5: If you ha | ave entered "Y | es" in column | 4, you must cor | mplete column 5, | stating the basis on which your | |
| cable system carried the carried the | | • | ٠. | • | tering "LAC" if your cable system capacity. | |
| For the retransmiss | ion of a distant | multicast stre | eam that is not s | subject to a royalty | payment because it is the subject | |
| _ | | | | • | stem or an association representing ry transmitter, enter the designa- | |
| , | | | • | • . | ther 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 | nnel line-ups, | use a separate | space G for each | channel line-up. | |
| | | CHANN | EL LINE-UP | AL | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
| | NUMBER | STATION | | (If Distant) | | |
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| FORM SA3E. PAGE 3. | | | | | ACCO | UNTING | PERIOD: 2017/1 |
|--|--|---|--|--|--|--------|---|
| LEGAL NAME OF OWN | ER OF CABLE SY | STEM: | | | SYSTEM | ID# | Name |
| CABLE ONE, IN | IC. | | | | 0074 | 427 | Name |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas | ystem during the ons in effect or i.61(e)(2) and (sis, as explaine | ne accounting n June 24, 198 4), or 76.63 (r d in the next p | period, except 81, permitting the referring to 76.6° paragraph. | (1) stations carrie e carriage of certa 1(e)(2) and (4))]; a | and low power television stations) d only on a part-time basis under iin network programs [sections nd (2) certain stations carried on a | | G Primary Transmitters: Television |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: *Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. *List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. *Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). *Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. *Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational) multicast). *For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. *Column 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 | | | | | | | |
| Note: If you are utilizing | g multiple char | • | use a separate s | | channel line-up. | | |
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| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

| FORM SA3E. PAGE 3. | | | | | Account | NG 1 EMOD: 2017/1 |
|--|----------------------|---------------|----------------------------|-------------------------|------------------------|-------------------|
| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | N |
| CABLE ONE, IN | IC. | | | | 007427 | Name |
| PRIMARY TRANSMITTE | RS: TELEVISIO |)N | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for networky), "N-M" (for network multicast), "" (for independent), "I-M" (for ind | | | | | | |
| | | CHANN | EL LINE-UP | AN | | |
| | o DIOAGE | | | | a LOCATION OF STATION | |
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | |
| 0.0.1 | NUMBER | STATION | (10001110) | (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. | | | | 007427 | Name |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| carried by your cable s FCC rules and regulat | system during to ions in effect or | he accounting n June 24, 19 | period, except 81, permitting th | (1) stations carrie | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a | G Primary |
| substitute program bas Substitute Basis S | | | • • | s carried by your o | able system on a substitute program | Transmitters: Television |
| | here in space | G-but do lis | | e Special Stateme | ent and Program Log)—if the | |
| · · | and also in spa formation cond | ace I, if the sta | | | tute basis and also on some other f the general instructions located | |
| Column 1: List eac | ch station's call | • | | . • | s such as HBO, ESPN, etc. Identify | |
| cast stream as "WETA WETA-simulcast). | -2". Simulcast | streams must | be reported in o | column 1 (list each | tion. For example, report multi- n stream separately; for example | |
| its community of licens on which your cable sy | se. For example stem carried the | e, WRC is Cha ne station. | annel 4 in Wash | ington, D.C. This | on for broadcasting over-the-air in may be different from the channel | |
| educational station, by | entering the le | tter "N" (for n | etwork), "N-M" (| for network multic | ependent station, or a noncommercial ast), "I" (for independent), "I-M" pmmercial educational multicast). | |
| For the meaning of the Column 4: If the st | ese terms, see ation is outside | page (v) of the the local serv | e general instruction | ctions located in the | ne paper SA3 form. es". If not, enter "No". For an ex- | |
| | ave entered "Y | es" in column | 4, you must cor | mplete 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 | | | | | | |
| 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 | d in the paper SA3 form. to which the station is licensed by the which the station is identifed. | |
| Note: If you are utilizing | ig multiple chai | | EL LINE-UP | <u> </u> | Chairner inte-up. | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE (If Distant) | | |
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| FORM SA3E. PAGE 3. | | | | | | NGTEMIOD: 2017 | |
|--|--|---------------|-------------|--------------------------|------------------------|----------------|--|
| LEGAL NAME OF OW | | STEM: | | | SYSTEM ID# | Name | |
| CABLE ONE, I | | | | | 007427 | | |
| PRIMARY TRANSMITT | | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for i | | | | | | | |
| Note: If you are utilizi | ng multiple char | • • | • | • | channel line-up. | | |
| | | CHANN | EL LINE-UP | AP | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE (If Distant) | | | |
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| FORM SA3E. PAGE 3. | | | | | | , | |
|---|---|--|---|---|---|------|--|
| LEGAL NAME OF OWN | | STEM: | | | SYSTEM ID# | Name | |
| CABLE ONE, II | | | | | 007427 | | |
| 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 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 the use a separate | list the community ne community with space G for each | to which the station is licensed by the which the station is identifed. | | |
| | Ī | CHANN | EL LINE-UP | AQ | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | | |
| GIGIN | NUMBER | STATION | (103 01 140) | (If Distant) | | | |
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| FORM SA3E. PAGE 3. | | | | | | ACCOUNTIN | NG PERIOD: 2017/1 |
|---|--|--|--|--|--|-----------|----------------------------------|
| LEGAL NAME OF OWN | | STEM: | | | SY | STEM ID# | Name |
| CABLE ONE, IN | IC. | | | | | 007427 | |
| PRIMARY TRANSMITTE | | | | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas | ystem during the ons in effect or 6.61(e)(2) and (sis, as explaine | ne accounting 1 June 24, 19 4), or 76.63 (r d in the next p | period, except 81, permitting the eferring to 76.6 paragraph. | (1) stations carrie the carriage of certa 1(e)(2) and (4))]; a | and low power television station donly on a part-time basis under ain network programs [sections and (2) certain stations carried of able system on a substitute programs. | n a | Primary Transmitters: Television |
| basis under specifc FC Do not list the station | CC rules, regula here in space | itions, or auth G—but do lis | orizations: | | ent and Program Log)—if the | gram | Television |
| · · | and also in spa formation cond | ice I, if the sta | | | ute basis and also on some other the general instructions located | | |
| each multicast stream cast stream as "WETA | associated with | n a station ac | cording to its over | er-the-air designat | s such as HBO, ESPN, etc. Ider ion. For example, report multi- stream separately; for example | | |
| its community of licens | e. For example | e, WRC is Cha | • | | on for broadcasting over-the-air may be different from the chann | | |
| | in each case v | vhether the st | | | pendent station, or a noncomme ast), "I" (for independent), "I-M" | ercial | |
| For the meaning of the | se terms, see | page (v) of the | e general instruc | ctions located in th | |). | |
| 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 | | | | | | | |
| | ion of a distant | multicast stre | eam that is not s | ubject to a royalty | apacity. payment because it is the subjectem or an association represent | | |
| the cable system and a tion "E" (exempt). For s | a primary trans simulcasts, also | mitter or an a o enter "E". If | ssociation repre | senting the primar channel on any ot | y transmitter, enter the designa- her basis, enter "O." For a furthed d in the paper SA3 form. | - | |
| 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 which the station is identifed. | by the | |
| Trotor in you are atmain | g manapio onai | | EL LINE-UP | | onarmor imo up. | | |
| 4 044 | O DIOAGT | | | | C LOCATION OF STATION | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | | |
| | 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. | | | | 007427 | | | | |
| 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 dol 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 seventally; for example well-as stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example well-as 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 by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). | | | | | | | | | |
| For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. | | | | | | | | | |
| Note: If you are utilizin | g multiple char | | · | | channel line-up. | | | | |
| | | | EL LINE-UP | | | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | |
| | HOMBER | OTATION | | (II Distant) | | | | | |
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| BLE SYSTEM: | | SYSTEM ID# | Name | | | | |
| N/IOION | | 007427 | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute 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. • 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 in | | | | | | | |
| CHANNEL I | INE-UP AT | | | | | | |
| T 3. TYPE 4. D | STANT? 5. BASIS OF | 6. LOCATION OF STATION | | | | | |
| | every television station ring the accounting period ect on June 24, 1981, period and (4), or 76.63 (referriodained in the next parage With respect to any distate egulations, or authorizationace G—but do list it in substitute basis. In space I, if the station variod concerning substitute basis are concerning substitute basis are concerning substitute basis. In space I, if the station variod with a station according cast streams must be resulted as a sample, WRC is Channel ided the station. In asse whether the station are page (v) of the generated "Yes" in column 4, you station during the account art-time basis because of station during the account art-time basis because of station or or before June 30 transmitter or an association and the station. For U.S stations, if any, give the channel line-ups, use a | every television station (including translator stations ring the accounting period, except (1) stations carried ect on June 24, 1981, permitting the carriage of certa and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; a plained in the next paragraph. With respect to any distant stations carried by your degulations, or authorizations: pace G—but do list it in space I (the Special Statemes substitute basis. In space I, if the station was carried both on a substitic concerning substitute basis stations, see page (v) or a call sign. Do not report origination program services of with a station according to its over-the-air designaticast streams must be reported in column 1 (list each number the FCC has assigned to the television statication and the letter "N" (for network), "N-M" (for network multication for noncommercial educational), or "E-M" (for noncomm | every television station (including translator stations and low power television stations) ring the accounting period, except (1) stations carried only on a part-time basis under sect on June 24, 1981, permitting the carriage of certain network programs [sections and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a lained in the next paragraph. With respect to any distant stations carried by your cable system on a substitute program egulations, or authorizations: Dace G—but do list it in space I (the Special Statement and Program Log)—if the substitute basis. In space I, if the station was carried both on a substitute basis and also on some other concerning substitute basis stations, see page (v) of the general instructions located so call sign. Do not report origination program services such as HBO, ESPN, etc. Identify d with a station according to its over-the-air designation. For example, report multicast streams must be reported in column 1 (list each stream separately; for example number the FCC has assigned to the television station for broadcasting over-the-air in ample, WRC is Channel 4 in Washington, D.C. This may be different from the channel ided the station. Base whether the station is a network station, an independent station, or a noncommercial the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), see page (v) of the general instructions located in the paper SA3 form. Statide the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exee page (v) of the general instructions located in the paper SA3 form. Statide the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exee page (v) of the general instructions located in the paper SA3 form. Statide the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For a further ories, see page (v) of the general instructions loc | | | | |

| FORM SA3E. PAGE 3. | | | | | | | | |
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| LEGAL NAME OF OWN | | STEM: | | | SYSTEM ID# | Name | | |
| | | | | | 007427 | | | |
| 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 specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I | | | | | | | | |
| tion "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 | | | | | | | | |
| 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. | | | | | | NGT ENIOD. 2017 |
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| LEGAL NAME OF OWN | | STEM: | | | SYSTEM ID# 007427 | Name |
| CABLE ONE, IN | | | | | 007427 | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA | G, identify every eystem during the consistence of 6.61(e)(2) and 6.65(e)(2) and | y television strate accounting a June 24, 194, or 76.63 (f d in the next prespect to any strions, or auth G—but do list titute basis. In the state of the state o | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried ute basis station eport origination cording to its ov | (1) stations carried the carriage of certain (e)(2) and (4))]; as as carried by your come Special Statement d both on a substitutions, see page (v) or in program services ter-the-air designation | 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- n stream separately; for example | G Primary Transmitters: Television |
| its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the staplanation of local service Column 5: If you have cable system carried the distant station For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the | se. For example ystem carried the in each case we entering the lecast), "E" (for no ese terms, see pation is outside ce area, see pation on a part-tirion of a distant tentered into on a primary transisimulcasts, also aree categories, e location of ea Canadian statio | e, WRC is Chane station. whether the station. whether the station is the "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the amount of the concommercial page (v) of the estation or before Jumitter or an amount en employed the station. Foons, if any, given el line-ups, | annel 4 in Wash ation is a network), "N-M" (I educational), consider a general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area of lack of a geam that is not some 30, 2009, be association repressociation repressociation repressociation of the general or u.s. stations, rether a general or u.s. stations, the use a separate | ork station, an inder for network multicor "E-M" (for noncoctions located in the distant"), enter "Yesions located in the mplete column 5, soot. Indicate by entactivated channel of subject to a royalty etween a cable system of the primary channel on any of instructions 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. | |
| | | CHANN | EL LINE-UP | AV | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | ACCOUNTI | NG PERIOD: 2017/1 |
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| LEGAL NAME OF OWN | | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, IN | | | | | 007427 | |
| 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 constant of the constant o | y television st he accounting n June 24, 19 4), or 76.63 (n d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta terning substill sign. Do not n | g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried tute basis station | (1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your case see Special Statement d both on a substitute, see page (v) or an 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 tion. For example, report multi- | G Primary Transmitters: Television |
| cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the | a-2". Simulcast e channel numl se. For example ystem carried th e in each case v e entering the le cast), "E" (for n ese terms, see ation is outside ce area, see pe ave entered "Y he distant static ion on a part-tii cion of a distant at entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio | streams must ber the FCC he, WRC is Chane station. Whether the station whether the station and the local sendage (v) of the local sendage (v) of the es" in column on during the me basis becar multicast stream or before Jumitter or an appearance of the local sendage (v) of the station. For see page (v) ch station. For sendage (v) ch station. For sendage (v) ch station. | the reported in one as assigned to a sant a sassigned to a sant a | the television stati- ington, D.C. This in the station, an indefor network multicure. "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the mplete column 5, so do. Indicate by entictivated channel or subject to a royalty etween a cable system. In the primary channel on any of instructions locate list the community with | 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). He paper SA3 form. S". If not, enter "No". For an expaper SA3 form. Stating the basis on which your tering "LAC" if your cable system sepacity. Payment because it is the subject stem or an association representing the paper SA3 form. The stating the basis, enter "O." For a further din the paper SA3 form. To which the station is licensed by the which the station is identifed. | |
| | | CHANN | EL LINE-UP | AW | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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ACCOUNTING PERIOD: 2017/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007427 CABLE ONE. INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

| FORM SA3E. PAGE 5. | | | | | | | ACCOUNTING | PERIOD: 2017/1 | | |
|---|---|--|---|---|---|---|-----------------|----------------|--|--|
| LEGAL NAME OF OWNER OF | CABLE SYST | ГЕМ: | | | | S | YSTEM ID# | Name | | |
| CABLE ONE, INC. 007427 | | | | | | | | | | |
| SUBSTITUTE CARRIAGE | E: SPECIA | L STATEMEN | NT AND PROGRAM LOG | | | | | _ | | |
| In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. | | | | | | | | | | |
| 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? Yes XNo | | | | | | | | | | |
| 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. | | | | | | | | | | |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | titute progra ce, please a of every no distant stat gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming | am on a separa attach additionannetwork televion and that your authorization it use general of the separation of the separation of the separation of the station broadca on's location (the separation of the sepa | al pages. ision program (substitute pour cable system substitute) s. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute program was carried by your ged by a system from 6:01:10 was substituted for programing the accounting period | rogram) that, d for the progeral instructio "basketball". o." m. station is lice station is idenorogram. Use cable system. 5 p.m. to 6:2 mming that ye enter the let | during the accramming of an ons located in the List specific purposed by the FOntified). List the times 8:30 p.m. showour system water "P" if the list | counting other statione paper rogram CC or, in the mont accurately ald be sequired ted pro | h / | | | |
| | N IDOTITI IT | | | | EN SUBSTITU | | 7. REASON | | | |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | | 5. MONTH AND DAY | IAGE OCCUR 6. TIM FROM — | | FOR DELETION | | | |
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ACCOUNTING PERIOD: 2017/1 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007427

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

| | | DAT | ES AND HOURS | OF PART-TIME CARI | RIAGE | | | |
|-------------|------|-------------|--------------|-------------------|------------------------|-----------|---------------|---|
| CALL SIGN - | WHEN | CARRIAGE OC | | CALL SIGN | WHEN CARRIAGE OCCURRED | | | |
| O'NEE O'O'N | DATE | FROM | DURS TO | SALE SIGIV | DATE | H FROM | OURS TO |) |
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| | L NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | Name | | | | |
|--|---|--|---------------------------------------|--|--|--|--|--|
| CA | BLE ONE, INC. | | 007427 | Name | | | | |
| all a (as pag | Constructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secundaritied in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts. | ondary transmission compute this amount | service , see 874,468.00 | K Gross Receipts | | | | |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. | | | | | | | | |
| | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ${\sf k}$ 3 below. | e entered on line 1 c | of | | | | | |
| - | rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low. | entered on line 2 in t | olock | | | | | |
| | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | uld be entered on lir | ie | | | | | |
| | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. | e is 1.064 percent of | the | | | | | |
| | 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. | \$ | 874,468.00 | | | | | |
| | This is your minimum fee. | \$ | 9,304.34 | | | | | |
| Block 2 | · | | | | | | | |
| Block 3 | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero | \$ | | | | | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | | 0.00 | | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ | - | | | | | |
| 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 | \$ | 9,304.34 | Cable systems | | | | |
| | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter | r | 0.00 | submitting additional | | | | |
| | zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | 0.00 | deposits under Section 111(d)(7) should contact the Licensing | | | | |
| | Line 4. FILING FEE | | | | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | 10,029.34 | appropriate form for submitting the additional fees. | | | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.) | See page (i) of the | | | | | | |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|
| 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. | | | | | | | |
| | 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 Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) | | | | | | | |
| 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.yearwood@cableone.biz Fax (optional) 602-364-6195 | | | | | | | |
| 0 | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations. | | | | | | | |
| Certifcation | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) [Owner other than corporation or partnership] I am the owner of the cable system as identifed in line 1 of space 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)] | | | | | | | |
| | X /s/ Raymond Storck | | | | | | | |
| | Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your 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) | | | | | | | |
| | Date: August 25, 2017 | | | | | | | |

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

U.S. Copyright Office

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | Name |
|--|---|
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? | 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) | |
| * 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 | f Subscriber Groups | |
|----|--------------------------|-------|------------------|------------------------|------------------|
| | STATION | DSE | CITY | OUTSIDE LOCAL | GROSS RECEIPTS |
| in | A (independent) | 1.0 | | SERVICE AREA OF | FROM SUBSCRIBERS |
| 3 | B (independent) | 1.0 | Santa Rosa | Stations A, B, C, D ,E | \$310,000.00 |
| - | C (part-time) | 0.083 | Rapid City | Stations A and C | 100,000.00 |
| | D (part-time) | 0.139 | Bodega Bay | Stations A and C | 70,000.00 |
| | E (network) | 0.25 | Fairvale | Stations B, D, and E | 120,000.00 |
| | TOTAL DSFs | 2 472 | | TOTAL GROSS RECEIPTS | \$600,000,00 |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

ACCOUNTING PERIOD: 2017/1

| DSE SCHEDULE. PAG | E 11. (CONTINUED) | | | | | |
|----------------------|-----------------------------------|--------------------|----------------------------------|-----------------|---------------------------|---|
| 4 | LEGAL NAME OF OWNER OF CABL | E SYSTEM: | | | SY | STEM ID# |
| 1 | CABLE ONE, INC. | | | | | 007427 |
| | SUM OF DSEs OF CATEGOR | RY "O" STATION | NS: | | | |
| | Add the DSEs of each station | | | | | |
| | Enter the sum here and in line | 0.00 | | | | |
| | Instructions: | | | | | |
| 2 | In the column headed "Call S | Sign": list the ca | II 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, give | e the DSE as " | | IO. DOE- | | |
| Category "O" | CALL SIGN | DOE | CATEGORY "O" STATION CALL SIGN | | CALL SIGN | DCE |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE |
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| Add rows as | | | | | | |
| necessary. | | | | | | |
| Remember to copy | | | | | | |
| all formula into new | | | | | | |
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| Name | CABLE ONE | WNER OF CABLE SYSTEM: | | | | | S | YSTEM ID# 007427 |
|---|---|--|---|---|---|---|---|---------------------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v | at the call sign of all distate: For each station, give to correspond with the information: For each station, give to bridge the figure in columnt of the state of the third deciminates and the state of the third deciminates and the state of the state o | the number of hour mation given in so the total number of umn 2 by the figur mal point. This is station, give the " | urs your cable syste pace J. Calculate or of hours that the state in column 3, and the "basis of carriag type-value" as "1.0." ure in column 5, and | m carried the stanly one DSE for each broadcast over give the result in the value" for the second process of the second give the result in the second give give the second give give the second give give give give give give give give | tion during the accounting each station. Her the air during the accord decimals in column 4. The | ounting period. nis figure must acational station, less than the | |
| Capacity | | (| CATEGORY L | AC STATIONS: | COMPUTATI | ON OF DSFs | | |
| | 1. CALL SIGN | 2. NUMBE OF HOU CARRIE SYSTEI | ER 3. JRS ED BY | NUMBER OF HOURS STATION ON AIR | 4. BASIS OF CARRIAG VALUE | 5. TYPE | | SE |
| | | | | | | x | | |
| | | | | | | x | | |
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| | | | - | : | = | x | = = | |
| | Add the DSEs of | OF CATEGORY LAC Sof each station. m here and in line 2 of p | | dule, | ▶ | 0.00 | | |
| Computation of DSEs for Substitute-Basis Stations | Was carried tions in effe Broadcast o space I). Column 2: F at your option. Column 3: E Column 4: I | ct on October 19, 1976 (ne or more live, nonnetw For each station give the This figure should corre Enter the number of day: Divide the figure in colun | titution for a progr (as shown by the ork programs duri number of live, r spond with the inf s in the calendar on 2 by the figure | ram that your systen letter "P" in column ng that optional carr nonnetwork program formation in space I. year: 365, except in in column 3, and gi | n was permitted to the following of space (); and the following (as shown by the security of the following carried in substance (); a leap year. | o delete under FCC rule | 2 of were deleted as than the third | ·m). |
| | | SU | BSTITUTE-BA | ASIS STATION | S: COMPUTA | ATION OF DSEs | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
| | | 4 | - | = | | 4 | | = |
| | | | + | = | | | + | = |
| | | 4 | - | = | | - | + | = |
| | | 4 | ÷ | | | - | - | = |
| | Add the DSEs of | OF SUBSTITUTE-BAS | IS STATIONS: | dule, | ▶ | 0.00 | | |
| 5 Total Number of DSEs | number of DSEs 1. Number of 2. Number of | R OF DSEs: Give the am applicable to your system DSEs from part 2 DSEs from part 3 DSEs from part 4 | | xes in parts 2, 3, and | 4 of this schedule | e and add them to provide | 0.00 0.00 0.00 | |
| | TOTAL NUMBE | R OF DSEs | | | | | | 0.00 |

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

| LEGAL NAME OF C | | SYSTEM: | | | | | S' | YSTEM ID# | Name |
|---|---|--|------------------------------------|--|-------------------|-----------------|-----------------------|--------------|--|
| CABLE ONE, I | | | | | | | | 007427 | |
| Instructions: Block A: | | | | | | | | | • |
| If your answer if schedule. | | | • | 7 of the DSE sche | edule blank aı | nd complete pa | art 8, (page 16) of | the | 6 |
| If your answer if | "No," complete blo | | | ELEVISION M | ARKETS | | | | Computation of |
| Is the cable system | | | | | | ection 76.5 of | FCC rules and re | gulations in | 3.75 Fee |
| effect on June 24, | | schedule—[| OO NOT COM | PLETE THE REMA | AINDER OF F | PART 6 AND 7 | | | |
| | olete blocks B and | | | | | | | | |
| | | BLOO | CK B: CARR | IAGE OF PERI | MITTED DS | SEs | | | |
| Column 1: | List the call signs | | | part 2, 3, and 4 o | | | tem was permitte | d to carry | |
| CALL SIGN | | ne DSE Sche | dule. (Note: TI | ne 25, 1981. For for the letter M below r Act of 2010.) | • | • | | | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC ru | ules and regu | lations cited b | sis on which you o elow pertain to tho rket quota rules [7 | se in effect o | n June 24, 198 | | j tc | |
| O/WWW. | B Specialty static C Noncommeric D Grandfathered | al educational at attachment a | al station [76.5 65) (see parag | 76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su | 63(a) referrin | g to 76.61(d) | | | |
| | instructions for E Carried pursuant A station pre | ant to individ | ual waiver of F | CC rules (76.7) ne or substitute ba | usis prior to .lı | ine 25 1981 | | | |
| | • | JHF station w | vithin grade-B | contour, [76.59(d) | • | | erring to 76.61(e) | (5) | |
| Column 3: | | e stations ide | entified by the I | n parts 2, 3, and 4 etter "F" in column | | | vorksheet on page | e 14 of | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | |
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| | | | | | | | | 0.00 | |
| | | В | LOCK C: CO | MPUTATION OF | F 3.75 FEE | | | | |
| Line 1: Enter the | total number of | DSEs from | nart 5 of this | schedule | | | | _ | |
| Line 2: Enter the | | | | | | | | | |
| | · | | | | at to the 2.75 | roto | , | | |
| Line 3: Subtract (If zero, I | | | | 7 of this schedu | | rate. | | 0.00 | Do any of the |
| Line 4: Enter gro | oss receipts from | ı space K (p | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represent partially |
| Line 5: Multiply I | ine 4 by 0.0375 | and enter si | um here | | | | | | permited/ partially nonpermitted |
| Line 6: Enter tota | al number of DS | Es from line | : 3 | | | | . X | | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply I | ine 6 by line 5 aı | nd enter her | e and on line | 2, block 3, spac | e L (page 7) | | | 0.00 | J |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | | | | | |
|---|-----------------------|---------|------------|-----------------------|-----------|-----------------|-----------------------|--------|-------------------------|--|--|
| | | BLOCK | A: TELEVIS | SION MARKETS | S (CONTIN | IUED) | | | _ | | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | | 2. PERMITTED BASIS | | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 | | |
| | | | | | | | | | Computation of 3.75 Fee | | |
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| Name | CABLE ONE, IN | | E STSTEIVI. | | | | | | | | 007427 | | | |
|---|--|--|--------------------|---------------------|--------------|-----|---|--------------|-------------------|-----------|----------|---|--|--|
| 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 S | TATIONS CARR | EC | 5 0 | N A PART-TIME AN | ID SUBSTI | TUTE BASIS | | | _ | | |
| | 1. CALL | 2. PRIC | | CCOUNTING | | _ | 4. BASIS OF | | RESENT | 6. P | ERMITTED | | | |
| 1 | SIGN | DSE | | PERIOD | | _ | CARRIAGE | Г | OSE | | DSE | | | |
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| 7 | Instructions: Block A | \ must be com | npleted. | | | | | | | | | | | |
| Computation | In block A: If your answer is | "Yes " comple | ete blocks B and | C below | | | | | | | | | | |
| of the | , | | | | e pa | art | 8 of the DSE sched | ule. | | | | | | |
| Syndicated | | | BLC | CK A: MAJOR | Т | ΕI | EVISION MARK | ET | | | | | | |
| Exclusivity | | | | | | | | | | | | | | |
| Surcharge | • Is any portion of the o | - | • | najor television ma | rke | | | | rules in effect J | une 24, | 1981? | | | |
| | Yes—Complete | : blocks B and | IC. | | | | X No—Proceed to | part 8 | | | | | | |
| | BLOCK B: Ca | arriage of VHI | -/Grade B Cont | our Stations | | | BLOCK | C: Compu | tation of Exem | pt DSE | 3 | | | |
| | Is any station listed in | ı block B of pa | art 6 the primary | stream of a | | ٧ | Vas any station listed | | | | | | | |
| | commercial VHF stati or in part, over the ca | - | s a grade B con | our, in whole | | | ity served by the cab former FCC rule 76 | | rior to March 3 | 31, 1972 | ? (refe | | | |
| | Yes—List each s | • | th its appropriate | permitted DSE | | | Yes—List each st | • | with its appropri | ate permi | tted DSE | | | |
| | X No—Enter zero a | and proceed to | part 8. | | | 1 | X No—Enter zero a | nd proceed t | o part 8. | | | | | |
| | CALL SIGN | CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DS | | | | | | | | | | | | |
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| | | <u> </u> | TOTAL DSEs | 0.00 | | | | <u> </u> | TOTAL DS | SEs. | 0.00 | | | |
| | | | | 1 3.30 | • | ıl | | | | - | 3.44 | | | |

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYS | O07427 | Name |
|---------------|--|----------|--------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 4,468.00 | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | 0.00 | Computation of the |
| | B. Enter the total number of exempt DSEs from block C of part 7 | 0.00 | Syndicated |
| | 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 defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below. | | |
| | SECTION 3: TOP 50 TELEVISION MARKET | | |
| Section 3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE | | |
| | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | | |
| | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | | |
| | C. Multiply line B by 3.000 and enter here | | |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$ | | |
| | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | | |
| | F. Multiply line D by line E and enter here | | |
| | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge. \$\$\$\$\$\$\$\$ | | |
| | SECTION 4: SECOND 50 TELEVISION MARKET | | |
| Section | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. | | |
| | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | | |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |

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

| | AME OF OWNER OF CABLE SYSTEM: LE ONE, INC. | SYSTEM ID# 007427 | Name |
|---|--|-------------------|---|
| Section | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | | |
| 4 | in the righter in section 2 is more than 4.000, compute your base rate lee field that leave section 5 blank. | | 8 |
| | A. Enter 0.01064 of gross receipts (the amount in section 1) **Section 1.2** **Page 1.2** **Page 2.2** **Page | | O |
| | B. Enter 0.00701 of gross receipts | | Computation |
| | (the amount in section 1)► \$ | | of Base Rate Fee |
| | C. Multiply line B by 3.000 and enter here > | | |
| | 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) | 0.00 | |
| | Base Rate Fee ► \$ | 0.00 | |
| | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels. | 0 | 0 |
| Space | | | 9 |
| receipt | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must: | | Computation of |
| | | | Base Rate Fee and |
| station DSEs a | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | the number of | Syndicated Exclusivity Surcharge for |
| also co | If any portion of your cable system is located within the top 100 television market and the station is not exempt in pute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only. | | Partially Distant Stations, and |
| Step 1 | Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant state to that community. | tion you | for Partially Permitted Stations |
| outside | For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that state the token, the station is distant to the subscriber.) | | |
| subscri | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide. | | |
| Comp ugroups | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys | tem's subscriber | |
| - | section: | | |
| • Give t | fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al bers in the group. | of the | |
| • If: | | | |
| and 4 c | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it if this schedule; or, | | |
| | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule. | lock B, | |
| • Add tl | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group. | | |
| | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is paper SA3 form. | nstructions | |
| Comp page.DSEs f | oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (theor that group's complement of stations and total gross receipts from the subscribers in that group). You do not necestalculations on the form. | at is, the total | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007427 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name | | |
|--|-------|-----------------------------------|-------------|-----------------------|---|-----------------|---------------------|-------------------|--|--|
| В | | COMPUTATION OF SUBSCRIBER GROU | | TE FEES FOR EAC | | | ID. | | | |
| COMMUNITY/ AREA | LIKOI | SUBSURIDER GRUL | 0 | COMMUNITY/ ARE | SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of | | |
| | | | <u></u> | | | | ····· | Base Rate Fee | | |
| | | | | | | | | and Syndicated | | |
| | | | | | | | | Exclusivity | | |
| | | - | | | | - | | Surcharge | | |
| | | | | | | | | for Partially | | |
| | | | | | | | | Distant | | |
| | | - | | | | - | | Stations | | |
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| Total DSEs | - | | 0.00 | Total DSEs | • | • | 0.00 | | | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
| | | | | | | | | | | |
| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | | | |
| COMMUNITY/ AREA | THIRD | SUBSCRIBER GROU | IP 0 | COMMUNITY/ ARE | | SUBSCRIBER GROU | UP 0 | | | |
| COMMONT IT AREA | | | | COMMONT 17 ARE | ······································ | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
| | | | | <u>II</u> | | | | | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | s above. | \$ | 0.00 | | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name | | | |
|-----------------------|-----------------|------------------|---------------|----------------------|-------------------|------------------|---------------------|---------------------|--|--|--|
| | BLOCK A: | COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCE | RIBER GROUP | | | | | |
| | FIFTH | SUBSCRIBER GRO | DUP | | | H SUBSCRIBER GRO | UP | 9 | | | |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ ARE | COMMUNITY/ AREA 0 | | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of | | | |
| CALL SIGN | DOL | CALL SIGN | DOL | CALL SIGN | DOL | CALL SIGN | DOL | Base Rate Fee | | | |
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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 | | | | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | | |
| | | SUBSCRIBER GRO | | | | H SUBSCRIBER GRO | JP | I | | | |
| COMMUNITY/ AREA | A | | 0 | COMMUNITY/ ARE | Α | | 0 | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fou | ırth Group | \$ | 0.00 | | | | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | | |
| | | | scriber group | as shown in the boxe | es above. | e | | | | | |
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| | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | | | |
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| E | | COMPUTATION O SUBSCRIBER GRO | | ATE FEES FOR EAC | | IBER GROUP SUBSCRIBER GRO | UP | _ | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | |
| | | | <u></u> | | | | | Base Rate Fee 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 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| | LEVENTH | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | _ | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | | | |
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| Total DSEs | | | 0.00 | Total DSFa | | | 0.00 | | | |
| Total DSEs | Croun | ¢ | 0.00 | Total DSEs | rth Crous | ¢ | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rai Group | \$ | 0.00 | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
| Page Pate Fee: Add | ho hace re | to food for each auch | oribor graves | as shown in the have | a above | | | | | |
| Base Rate Fee: Add to Enter here and in bloom | | | onber group | as shown in the boxe | abuve. | \$ | | | | |

| CABLE ONE, IN | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name | | | |
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| | | | | ATE FEES FOR EAC | | | | | | | |
| | | SUBSCRIBER GRO | | TI . | | 1 SUBSCRIBER GRO | | 9 | | | |
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| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of | | | | | |
| | | | | | | | | Base Rate Fee | | | |
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| Base Rate Fee First | t Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | | | | |
| | | SUBSCRIBER GRO | | III | | SUBSCRIBER GRO | UP | | | | |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ AREA | A | | 0 | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | | |
| Gross Receipts Thir | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | | | | |
| | | | | | | | | | | | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | | | | |
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| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | | | | |
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| LEGAL NAME OF OWNE CABLE ONE, INC. | R OF CABL | E SYSTEM: | | | | SY | STEM ID# 007427 | Name |
|--|-----------|-----------------|-------------|-------------------------|----------|------------------|--------------------|-------------------|
| | | | | TE FEES FOR EACH | | | | |
| | ITEENTH | SUBSCRIBER GROU | | | HTEENTH | SUBSCRIBER GROUI | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
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| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | <u>\$</u> | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes a | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
|---|-----------|-----------------|-------------|-----------------------|--------------|------------------|---------------------|--------------------------|
| | | | | ATE FEES FOR EACH | | | ID. | |
| COMMUNITY/ AREA | | SUBSCRIBER GROU | 0 | COMMUNITY/ AREA | | SUBSCRIBER GRO | 0 | 9 |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | na Group | \$ | 0.00 | 1 |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Second | nd Group | \$ | 0.00 | |
| TWE | NTY-THIRD | SUBSCRIBER GROU | JP | II | | I SUBSCRIBER GRO | UP | İ |
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| LEGAL NAME OF OWN CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
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| B | SLOCK A: | COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | RIBER GROUP | | |
| | NTY-FIFTH | SUBSCRIBER GRO | | Ħ | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| 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 | |
| TWENTY- | SEVENTH | SUBSCRIBER GRO |)UP | TWE | NTY-EIGHTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| 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 | |
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| LEGAL NAME OF OWN CABLE ONE, INC | | LE SYSTEM: | | | | S | 007427 | Name |
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| | | COMPUTATION OF SUBSCRIBER GRO | | ATE FEES FOR EAC | | IBER GROUP SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 |
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| O'TEE O'O'T | DOL | CALL GIGIT | DOL | O'NEE GIGIT | DOL | OALL CIGIT | DOL | Base Rate Fee |
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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 Second | ond Group | \$ | 0.00 | |
| THIE | RTY-FIRST | SUBSCRIBER GRO | UP | THIR | TY-SECOND | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ٩ | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add to Enter here and in blood | | | criber group | as shown in the boxe | s above. | \$ | | |

| Gross Receipts First Group Base Rate Fee First Group THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL | CABLE ONE, IN | | E SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
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| COMMUNITY/ AREA | | | | | 11 | | | | |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE and and specified properties of the computation of t | | | SUBSCRIBER GROU | | 11 | | 1 SUBSCRIBER GROU | | 9 |
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| and Syndicated Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs O.00 Gross Receipts First Group THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/AREA O CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Base Rate Fee First Group THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE | | t Group | \$ | | | nd Group | \$ | 0.00 | |
| THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN | | | | | | | | | |
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| Total DSEs O.00 Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Sase Rate Fee Fourth Grou | 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. | | | - | | | <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. | | | | | | | | | |
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| 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: 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. | | | | | | <u></u> | | | |
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| 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> | |
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| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | Gross Receipts Third | 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 Fourt | h Group | \$ | 0.00 | |
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| | | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
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| | | SUBSCRIBER GROU | | 11 | | I SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Gross Receipts First | Gloup | 4 | 0.00 | Gloss Neceiplis Seco | na Group | - | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| THIE | RTY-NINTH | SUBSCRIBER GROU | JP | | FORTIETH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 0 | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
|--|------------|----------------|---------------|----------------------|------------|-----------------|---------------------|---------------------------|
| [| BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | | SUBSCRIBER GRO | | H | | SUBSCRIBER GRO | UP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FOI | RTY-THIRD | SUBSCRIBER GRO | UP | FOF | RTY-FOURTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWNI | | E SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
|--|-----------|-----------------|-------------|-----------------------|--------------|-------------------|---------------------|---------------------------|
| | | | | TE FEES FOR EACH | | | | |
| | RTY-FIFTH | 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 |
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| Total DSEs | | ! | 0.00 | Total DSEs | | <u>!!</u> | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
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| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | SEVENTH | SUBSCRIBER GROU | | ii . | | SUBSCRIBER GROU | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| | • | • | | | • | - | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, IN | | E SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
|---|------------|----------------|----------------|-----------------------|--------------|-------------------|---------------------|----------------------|
| | | | | ATE FEES FOR EACH | | | | |
| COMMUNITY/ AREA | | SUBSCRIBER GRO | JP 0 | COMMUNITY/ AREA | | 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 |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | : Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| F | IFTY-FIRST | SUBSCRIBER GRO | JP | FIFT | Y-SECONE | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
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| FI COMMUNITY/ AREA | | SUBSCRIBER GRO | 0 0 | COMMUNITY/ ARE | | SUBSCRIBER GRO | UP 0 | 9 |
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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 | |
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| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, IN | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name | |
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| 07.22 0.011 | 202 | 0.122 0.011 | 332 | 07.122.010.1 | 302 | 0/122 0/0/1 | 302 | Base Rate Fee | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | | |
| F | IFTY-NINTH | SUBSCRIBER GRO | UP | | SIXTIETH | SUBSCRIBER GRO | UP | | |
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| Total DSEs | | | 0.00 | Total DSEs | • | | 0.00 | | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | | |

| CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
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| В | LOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| | TY-FIRST | SUBSCRIBER GRO | | H | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | _ |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| 07.122.070.1 | 202 | 07.22 0.0.1 | 302 | 07.22 0.0.1 | 332 | 07.122.01.01.1 | 332 | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | iroup | \$ | 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 | | | | |
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| 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 the Enter here and in block | | | scriber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWN | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
|--|-----------|----------------|---------------|----------------------|------------|------------------|---------------------|-------------------|
| В | LOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EAC | CH SUBSCE | RIBER GROUP | | |
| | (TY-FIFTH | SUBSCRIBER GRO | | ii e | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computatio |
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| Total DSEs | | _ | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SIXTY- | SEVENTH | SUBSCRIBER GRO | DUP | SI | XTY-EIGHTH | I SUBSCRIBER GRO | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE. | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Page Pote For Third | Crour | | 0.00 | Boop Boto Foo Foo | rth Crown | | 0.00 | |
| Base Rate Fee Third | JIOUP | \$ | 0.00 | Base Rate Fee Fou | іші Стоир | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | scriber group | as shown in the boxe | s above. | \$ | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | |
|---|--|----------------|--------------|-----------------------|-----------|------------------|-------------|-------------------|
| | | | | ATE FEES FOR EAC | | | | |
| S COMMUNITY/ AREA | | SUBSCRIBER GRO | UP 0 | COMMUNITY/ AREA | | I 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 |
| | ····· | | | | | | | and Syndicated |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | and Group | \$ | 0.00 | |
| SEVE | ENTY-FIRST | SUBSCRIBER GRO | UP | SEVEN ⁻ | TY-SECONE | 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. | \$ | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | |
|---|--|-----------------|--------------|-----------------------|-------------|-------------------|------|----------------------|
| | | | | ATE FEES FOR EAC | | | | |
| | | SUBSCRIBER GROU | | 11 | | 1 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 |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | ı |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | ı |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | 1 |
| SEVE | ENTY-FIFTH | SUBSCRIBER GROU | JP | SEVE | NTY-SIXTH | SUBSCRIBER GROU | JP | ı |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | | | 0 | 1 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | ı |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | ı |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fourt | th Group | \$ | 0.00 | ı |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | l |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | l |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
|---|-------------|-----------------|-------------|-------------------------|-------------|------------------|---------------------|---------------------------|
| | | | | ATE FEES FOR EACH | | | | |
| | | SUBSCRIBER GROU | | TI . | | 1 SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | <u> </u> | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Secon | nd Groun | \$ | 0.00 | |
| Groce recorpte riner | Огоар | | | - 1000 1 1000 pto 00001 | ila Oloup | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GROU | | II | | SUBSCRIBER GROU | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | 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, IN | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
|---|-------------|----------------|--------------|-----------------------|----------------|----------------|---------------------|---------------------------|
| | | | | ATE FEES FOR EAC | | | | |
| | | SUBSCRIBER GRO | | III | | SUBSCRIBER GRO | | 9 |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts First | t Group | \$ | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | |
| Gross Neceipis i iis | t Gloup | 4 | 0.00 | Gross Receipts Gecc | ла Стоир | - | 0.00 | |
| Base Rate Fee First | t Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GRO | | III | | SUBSCRIBER GRO | UP | |
| COMMUNITY/ ARE | A | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Thir | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Raco Dato Eco Thin | d Group | ¢ | 0.00 | Raco Pato Foo Four | th Group | c | 0.00 | |
| Base Rate Fee Thir | и Стоир | \$ | 0.00 | Base Rate Fee Four | ur Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | |
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| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | |
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| 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 |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| EIGHT | Y-SEVENTH | SUBSCRIBER GRO | UP | EIGH | ITY-EIGHTH | SUBSCRIBER GROU | UP | |
| 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 Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | o as shown in the boxes | s above. | \$ | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | |
|---|--|----------------|--------------|-----------------------|---------------|----------------|----------------|-------------------|
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| COMMUNITY AREA | | | | COMMUNITY AREA | | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | and Group | \$ | 0.00 | |
| | | SUBSCRIBER GRO | | ii — | | SUBSCRIBER GRO | UP | |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ AREA | | | 0 | |
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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. | \$ | | |

| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP NINETY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O 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 | 9 Computation of Base Rate Fee and |
|---|---|
| COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 | Computation of Base Rate Fee |
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| Total DSEs 0.00 Total DSEs 0.00 | |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 | |
| | |
| Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 | |
| NINETY-FIFTH SUBSCRIBER GROUP NINETY-SIXTH SUBSCRIBER GROUP | |
| COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 | |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE | |
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| Total DSEs Total DSEs | |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 | |
| | |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 | |
| " | |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$ | |

| LEGAL NAME OF OWNE | GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | | |
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| | | | | TE FEES FOR EAC | | | | | |
| | SEVENTH | SUBSCRIBER GRO | | Ti . | | SUBSCRIBER GROU | | 9 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
| | | | | | | 0.122 | | Base Rate Fee | |
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| 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 | TY-NINTH | SUBSCRIBER GRO | UP | ONE H | IUNDREDTH | 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 | 1 | | 0.00 | | |
| Gross Receipts Third C | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | | |

| LEGAL NAME OF OWNE CABLE ONE, INC. | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | |
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| | | | | ATE FEES FOR EACH | | | | |
| ONE HUNDRI COMMUNITY/ AREA | ED FIRST | SUBSCRIBER GROU | JP 0 | ONE HUNDRE COMMUNITY/ AREA | | SUBSCRIBER GROU | JP 0 | 9 |
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| 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 | nd Group | \$ | 0.00 | |
| | ED THIRD | SUBSCRIBER GROL | | II | | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | -II | 0.00 | |
| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourth | h Group | \$ | 0.00 | |
| | | | | Ш | | | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWN | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
|--|---------|----------------|--|----------------------|------------|--|---------------------|--------------------------|
| | | | | TE FEES FOR EAC | | | | |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED | SEVENTH | SUBSCRIBER GRO | UP | ONE HUNDE | RED EIGHTH | 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 | | | 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 the Enter here and in blood | | | criber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, INC | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | | | |
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| | ED NINTH | SUBSCRIBER GRO | | ii . | | SUBSCRIBER GRO | | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | |
| 0.122 0.0.1 | 302 | 07.22 0.0.1 | 202 | 07.22 07011 | 202 | 0/122 01011 | 202 | Base Rate Fee | | |
| | | | | | | | | and | | |
| | | | | | | | | Syndicated | | |
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| Total DSEs | | - | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts First (| Gross Receipts First Group \$ 0.00 | | | | ond Group | \$ | 0.00 | | | |
| | | | | | | | | | | |
| Base Rate Fee First (| | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | | | |
| | LEVENTH | SUBSCRIBER GRO | | İ | | SUBSCRIBER GRO | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | A | | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
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| Total DSEs | l | | 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 | es above. | \$ | | | | |

| CABLE ONE, INC | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | | | |
|--|---|----------------|--|-----------------------|-----------|-----------------|------|---------------------|--|--|
| В | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | H SUBSCR | IBER GROUP | | | | |
| ONE HUNDRED TH | RTEENTH | SUBSCRIBER GRO | JP | ii — | | SUBSCRIBER GROU | JP | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 0 | _ | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Base Rate Fee | | |
| | | | - | | | | | and | | |
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| 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 | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | | | |
| ONE HUNDRED F | IFTEENTH | SUBSCRIBER GRO | JP | ONE HUNDRED | SIXTEENTH | SUBSCRIBER GROU | JP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | • | | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | | | |
| Base Rate Fee: Add t Enter here and in bloo | | | criber group | as shown in the boxes | s above. | \$ | | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | | | | |
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| | | | | TE FEES FOR EACH | | | | | | |
| ONE HUNDRED SEVEN | ITEENTH | SUBSCRIBER GROL | | | HTEENTH | 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 | | |
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| 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 NIN | ITEENTH | SUBSCRIBER GROL | IP | ONE HUNDRED T | WENTIETH | SUBSCRIBER GROU | IP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | ALL SIGN DSE | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | | | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | ı Group | \$ | 0.00 | | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | | | |

| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
|--|----------------|------------------|----------------|----------------------|------------|------------------|---------------------|------------------|
| BI | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| ONE HUNDRED TWE | NTY-FIRST | SUBSCRIBER GRO | JP | ONE HUNDRED TWE | NTY-SECOND | SUBSCRIBER GROUP |) | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ٩ | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| OTTLE CICIT | DOL | 07 KEE 01014 | DOL | OF ILLE GIGIT | BOL | OF ILL CICIT | DOL | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | Щ | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | and Group | \$ | 0.00 | |
| Gloss Receipts Filst G | тоир | 4 | 0.00 | Gross Receipts Sec | ona Group | • | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Second | ond Group | \$ | 0.00 | |
| ONE HUNDRED TWEN | NTY-THIRD | SUBSCRIBER GROUP |) | ONE HUNDRED TWE | NTY-FOURTH | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ٩ | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| T 1 1 DOE | | | 0.00 | T | | | 0.00 | |
| Total DSEs | | - | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third C | Group | <u>\$</u> | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
|--|------------|-----------------|---------------|----------------------|-------------|--------------------|---------------------|----------------------|
| E | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | | SUBSCRIBER GROU | Р | ONE HUNDRED TV | WENTY-SIXTH | I SUBSCRIBER GROUP |) | ٥ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts First Group \$ 0.0 | | | | Gross Receipts Sec | | | | |
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| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NE HUNDRED TWENT | | SUBSCRIBER GROU | | H | | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | scriber group | as shown in the boxe | s above. | \$ | | |

| EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | | |
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| 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 |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First 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 | |
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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. | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | | | |
|--|--|------------------|--------------|----------------------|--------------|------------------|-------|------------------|--|--|
| | | | | ATE FEES FOR EAC | CH SUBSCR | IBER GROUP | | | | |
| ONE HUNDRED THIS | RTY-THIRD | SUBSCRIBER GROUP | • | ONE HUNDRED THI | RTY-FOURTH | SUBSCRIBER GROUP | 0 | 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 | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts First G | iroup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| ONE HUNDRED THI | RTY-FIFTH | SUBSCRIBER GROUP |) | ONE HUNDRED 1 | THIRTY-SIXTH | 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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| 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 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# 007427 | | | | | | | | |
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| | | | | TE FEES FOR EACH | | | | |
| ONE HUNDRED THIR | | SUBSCRIBER GROUP | | ii e | | 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 |
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| Total DSEs | <u> </u> | | 0.00 | Total DSEs | | · · · · · · · · · · · · · · · · · · · | 0.00 | |
| Gross Receipts First Group \$ 0.0 | | | | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | | |
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| BL | OCK A: C | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| ONE HUNDRED FOR | TY-FIRST | SUBSCRIBER GROUP | | ONE HUNDRED FORT | Y-SECOND | SUBSCRIBER GROUP | | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| 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 Second | d Group | \$ | 0.00 | |
| ONE HUNDRED FOR | TY-THIRD | SUBSCRIBER GROUP | | ONE HUNDRED FORT | Y-FOURTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes a | above. | s | | |

| CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
|-------------------------|--|------------------------|--------------|----------------------|-------------|------------------|---------------------|------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| ONE HUNDRED FO | RTY-FIFTH | SUBSCRIBER GROUP |) | ONE HUNDRED | FORTY-SIXTH | SUBSCRIBER GROUP |) | • |
| 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 |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | otal DSEs Gross Receipts First Group \$ 0.00 | | | | ond Group | \$ | 0.00 | |
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| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED FORTY | -SEVENTH | SUBSCRIBER GROUP |) | ONE HUNDRED FO | ORTY-EIGHTH | SUBSCRIBER GROUP |) | |
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| Gross Receipts Third (| iroup | \$ | 0.00 | Gross Receipts Fou | rtn Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add th | ne base rat | te fees for each subsc | criber aroun | as shown in the hove | s above | | | |
| Enter here and in block | | | | | | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | | |
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| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| | F | l. | 2.00 | | | <u>L</u> * | 2.20 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
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| 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 | FIFTY-SIXTH | SUBSCRIBER GRO | UP | |
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| 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 to Enter here and in blood | | | criber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, IN | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | ı |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | l |
| ONE HUNDRED | FIFTY-NINTH | SUBSCRIBER GROUP |) | ONE HUNDR | ED SIXTIETI | H SUBSCRIBER GROUF | , | ı |
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| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | l |

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| otal DSEs | | | | | | | - | |
| Fross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | cond Group | \$ | 0.00 | |
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| ase Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| Fotal DSEs Gross Receipts Third | Group | \$ | 0.00 | Total DSEs Gross Receipts Fou | ırth Group | \$ | 0.00 | |
| | Group | \$ | | | ırth Group | \$ | | |
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| cross Receipts Third | | | 0.00 | Gross Receipts Fou | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | ırth Group | | 0.00 | |

| Name | GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007427 | | | | | | | |
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| 9 | JP 0 | SUBSCRIBER GROU | SIXTH | COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROL | FIFTH | |
| Computa | | | | | | | | COMMUNITY/ AREA |
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| Name | YSTEM ID# 007427 | S | | | • | LE SYSTEM: | | LEGAL NAME OF OWNE CABLE ONE, INC. |
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| 9 | | SUBSCRIBER GROU | TENTH | | | SUBSCRIBER GRO | NINTH | |
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| Name | YSTEM ID# 007427 | S' | | | | _E SYSTEM: | | CABLE ONE, INC. |
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| 9 | | SUBSCRIBER GROU | IRTEENTH | | | SUBSCRIBER GRO | RTEENTH | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First G |
| | IP | SUBSCRIBER GROU | IXTEENTH | S | UP | SUBSCRIBER GRO | FTEENTH | FII |
| | 0 | 0 COMMUNITY/ AREA | | | | COMMUNITY/ AREA | | |
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| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs |
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| LEGAL NAME OF OWN CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
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| | NTEENTH | SUBSCRIBER GRO | | İ | | SUBSCRIBER GROU | UP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Gross Receipts First C | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ 0.00 | | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| N | NINTEENTH SUBSCRIBER GROUP | | | Т | | | | |
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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 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
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| 9 | IP | SUBSCRIBER GROU | -SECOND | | | SUBSCRIBER GRO | TY-FIRST | |
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| LEGAL NAME OF OWNE | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name | | |
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| | ITY-FIFTH | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | UP | 9 | | |
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| Total DSEs | | | 0.00 | Total DSEs | | <u> </u> | 0.00 | | | |
| Gross Receipts First G | Group | \$ 0.00 | | Gross Receipts Second Group | | \$ | | | | |
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| Base Rate Fee First G | Froup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | | | |
| TWENTY- | TWENTY-SEVENTH SUBSCRIBER GROUP | | | | TWENTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | | | |
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| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | | | |
| Base Rate Fee: Add the Enter here and in block | | | scriber group | as shown in the boxes | above. | \$ | | | | |

| 9 | ID | IBER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | | COMPUTATION OF SUBSCRIBER GRO | | | |
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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 007427 | | | | | | | | |
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| 9 | JP | SUBSCRIBER GROU | /-FOURTH | THIRT | | SUBSCRIBER GRO | ry-third | THIR | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
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| | JP | SUBSCRIBER GROU | RTY-SIXTH | THIE | UP | SUBSCRIBER GRO | TY-FIFTH | THIR | |
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| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
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| | JP | SUBSCRIBER GROU | FORTIETH | | THIRTY-NINTH SUBSCRIBER GROUP | | | THIRT | |
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| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | JP | SUBSCRIBER GROU | ′-FOURTH | FORT | FORTY-THIRD SUBSCRIBER GROUP | | | FORT |
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| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 007427 | Name |
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| | SEVENTH | SUBSCRIBER GRO | | SEVEN | NTY-EIGHTH | SUBSCRIBER GRO | UP | 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 | <u> </u> | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | | |
| Base Rate Fee First Gr | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| SEVENT | ΓΥ-NINTH | SUBSCRIBER GRO | UP | | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | A | 0 | | |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Page Bate For Third C | trouis. | | 0.00 | Book Bata Fac Fa | th Crave | | 0.00 | |
| Base Rate Fee Third G | oroup | \$ | 0.00 | Base Rate Fee Four | ın Group | \$ | 0.00 | |
| Base Rate Fee: Add th Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, IN | | LE SYSTEM: | | | | 3 | 007427 | Name |
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| | | SUBSCRIBER GRO | | iii | | SUBSCRIBER GRO | | 9 |
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| Total DSEs | | | 0.00 | Total DSEs | | !! | 0.00 | |
| Gross Receipts First | Group | \$ 0.00 | | Gross Receipts Second Group \$ | | \$ | | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| EIG | HTY-THIRD | SUBSCRIBER GRO | OUP | EIGH | ITY-FOURTH | SUBSCRIBER GRO | UP | |
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| Name | O07427 | S' | | | . | LE SYSTEM: | | LEGAL NAME OF OWNER CABLE ONE, INC. | | |
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| 9 | | SUBSCRIBER GROU | ITY-SIXTH | | | SUBSCRIBER GRO | TY-FIFTH | | | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | | |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | | |
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| | 0.00 | \$ | d Group | Base Rate Fee Second | 0.00 | \$ | roup | Base Rate Fee First Gr | | |
| | IP | SUBSCRIBER GROU | Y-EIGHTH | EIGHT | JP | SUBSCRIBER GRO | SEVENTH | EIGHTY-SEVENT | | |
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| NI | YSTEM ID# 007427 | S' | | | • | LE SYSTEM: | | LEGAL NAME OF OWNER CABLE ONE, INC. |
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| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| = | 0.00 | \$ | | Base Rate Fee Secon | 0.00 | \$ | | Base Rate Fee First Gr |
| 1 | | SUBSCRIBER GROU | -SECOND | | | SUBSCRIBER GRO | TY-FIRST | |
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| | TY-THIRD | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | | 9 |
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| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
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| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| NINE | TY-FIFTH | SUBSCRIBER GRO | UP | NIN | NETY-SIXTH | I SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ١ | | 0 | |
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| Total DSEs | | 1 | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourt | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | scriber group | as shown in the boxes | s above. | \$ | | |

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| otal DSEs | | 0.00 | Total DSEs | | | 0.00 | |
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| ross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| ase Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NINETY-NINTH | I SUBSCRIBER GRO | UP | ONE H | HUNDREDTH | SUBSCRIBER GRO | JP | |
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| cross Receipts Third Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| ase Rate Fee Third Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| 9 Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | YSTEM ID# 007427 | | | | | LE SYSTEM: | | CABLE ONE, INC. |
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| 9 Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007427 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 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.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007427 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 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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