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						
03/01/2018	\$ 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	2017/2			
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's IE LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC.	ess of the cable system on the last day of the counting perion	em the accounting period should s	
				02303220172
				023032 2017/2
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626			
С	INSTRUCTIONS: In line 1, give any business or trade names used to inames already appear in space B. In line 2, give the mailing address o			
System	1 IDENTIFICATION OF CABLE SYSTEM:	r and dydddin, ir ain.	ordina modificació givo	
	MAILING ADDRESS OF CABLE SYSTEM: 402 N. MAIN STREET 2 (Number, street, rural route, apartment, or suite number) KIRKSVILLE. MO 63501 (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.	<u> </u>		
Served	CITY OR TOWN	STATE		
First Community	KIRKSVILLE	MO	C	
_	Below is a sample for reporting communities if you report multiple ch-	annei line-ups in S	pace G. CH LINE UP	SUB GRP#
	Alda	MD	A	1
Sample	Alliance	MD	В	2
	Gering	MD	В	3

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

-ORIVI SAJE. PAGE 10.			OVOTEM ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
CABLE ONE, INC.			023032	
Instructions: List each separate community served by the cable system. A "communi in FCC rules: "a separate and distinct community or municipal entity (including unincor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The fof system identification hereafter known as the "first community." Please use it as the first community.	porated communiti	es within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hot below the identified city or town.	me parks should b	e reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	he column blank. I	f you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-common channel line-up designated by an alpha-letter(s) (based on your Space G reporting) are (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	d a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
KIRKSVILLE	MO			First
ADAIR COUNTY	MO			Community
LA PLATA	MO			
				See instructions for
				additional information
				on alphabetization.
				Add rows as necessary.
				ı l

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

023032

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.

OCK 1			BLOC	K 2		
NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
4 732	¢	40.00	BILL K BILL DEGIDENTIAL	245	¢	20.00
4,732	Ψ	40.00			Ψ	20.00
8	\$	11.00				
448	\$	29.00			<u> </u>	
7,283						
	NO. OF SUBSCRIBERS 4,732 4,732 8 448	NO. OF SUBSCRIBERS 4,732 \$ 4,732 \$ 4,732 \$ 8 \$ 448 \$	NO. OF SUBSCRIBERS RATE 4,732 \$ 40.00 4,732 8 \$ 11.00 448 \$ 29.00	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 4,732 \$ 40.00 BULK BILL - RESIDENTIAL 4,732 BULK BILL - RESIDENTIAL 7,283 7,283	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 4,732 \$ 40.00 BULK BILL - RESIDENTIAL 245 4,732 \$ 11.00 448 \$ 29.00 7,283	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS SUBS

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		CATEGORY OF SERVICE	F	RATE		
Continuing Services:			Installation: Non-residential						
• Pay cable	\$	17.00	Motel, hotel				EXPANDED	\$	40.00
 Pay cable—add'l channel 			Commercial			ſ			
Fire protection			Pay cable			ſ			
Burglar protection			 Pay cable-add'l channel 			ĺ			
Installation: Residential			Fire protection			ĺ			
First set	\$	90.00	Burglar protection			ĺ			
 Additional set(s) 	\$	60.00	Other services:			ĺ			
• FM radio (if separate rate)			Reconnect	\$	90.00	ĺ			
Converter			Disconnect			ı			
			Outlet relocation	\$	60.00	ı			
			Move to new address			Ì			
						ľ			

FORM SA3E. PAGE					0\/07=14.15	
	OWNER OF CABLE S	/STEM:			SYSTEM ID	Name
CABLE ONE					02303	02
PRIMARY TRANSM	IITTERS: TELEVISIO	ON				
n General: In spararried by your cab carried by cab	ace G, identify ever ble system during to ulations in effect on the properties of the control of	y television st he accounting in June 24, 19 4), or 76.63 (indight of the next respect to any ations, or auth G—but do lis titute basis. Ince I, if the state erning substiff sign. Do not in in a station ac streams must beer the FCC In the, WRC is Charles, WRC is Charles whether the state of the the state of the state of the the local sendage (v) of the ese" in column on during the	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations norizations: to the station was carried tute basis stations report origination cording to its own to be reported in mass assigned to annel 4 in Wash tation is a network, "N-M" (I educational), coe general instructive area, (i.e. "or general instruction 4, you must con accounting perion of 76.6 paragraphs."	(1) stations carried carriage of cert (1(e)(2) and (4))]; as carried by your one Special Statem de Spe	stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
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of a written agreem the cable system a tion "E" (exempt). Fexplanation of thes Column 6: Give FCC. For Mexican Note: If you are uti	mission of a distant nent entered into o and a primary trans For simulcasts, also three categories e the location of ea or Canadian static ilizing multiple chair channel 18	multicast stren or before Jumitter or an appendix for before Jumitter or an appendix for several station. Type of station. E N N N-M I I-M	eam that is not sune 30, 2009, be ssociation repreyou carried the of the general or U.S. stations, the the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes No No No No	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) O	payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ad in the paper SA3 form. It to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION KANSAS CITY, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA	additional informatio
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FORM SA3E. PAGE 3.					Accoontin	VG / ERIOD: 2017/2
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				023032	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine of the consine of the consine of the consistency of the consist	he accounting In June 24, 19, or 76.63 (In d in the next prespect to any attons, or auth G—but do listitute basis. In the state of the	g period, except 81, permitting the referring to 76.6 paragraph. distant stations porizations: tit in space I (the ation was carried tute basis station report origination cording to its own the reported in one mas assigned to	(1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services er-the-air designal column 1 (list each the television statistics.	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local service Column 5: If you have cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	entering the lecast), "E" (for no ese terms, see pation is outside ce area, see paave entered "Yone distant static ion on a part-tiricion of a distant entered into or a primary transsimulcasts, also ree categories e location of ea Canadian statio	etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the communities street or or before Jumitter or an action of the enter "E". If the see page (v) ch station. Forns, if any, giv	etwork), "N-M" (I educational), of general instructivice area, (i.e. "or general instructivity and the search and the search area of lack of a geam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, ethe name of the	for network multicor "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entictivated channel couplet to a royalty stween a cable systematic channel on any of instructions locate list the community with	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. 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. To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					Accoontin	VG / ERIOD: 2017/2
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				023032	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space of carried by your cable of SFCC rules and regulating 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Substitute Pasis Su	G, identify even by stem during the ions in effect or ions. With a CC rules, regular here in space only on a substand also in spatformation concern. The station's call associated with example in each case we inder each case we in each case we in each case we in each case we	y television standard 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 standard is sign. Do not reason a station accepted in a station accepted in the FCC in the station. Whether the station, whether the station accepted in the station.	g period, except 81, permitting the referring to 76.6 paragraph. distant stations portizations: to the time space I (the ation was carried tute basis station report origination coording to its over the reported in commands assigned to the mannel 4 in Wash tation is a netwo	(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 program services er-the-air designation of the television statifington, D.C. This lark station, an indext of the test of the television, an indext of the television, and the television, and the television, and the television of the television, and the television of the television, and the television, and the television, and the television of the television of the television, and the television of television of the television of televis	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other 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"	G Primary Transmitters: Television
(for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you had cable system carried the carried the distant statt For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	cast), "E" (for no ese terms, see pation is outside ce area, see pation entered "Yohe distant static ion on a part-tiricion of a distant entered into or a primary transsimulcasts, also ree categories e location of ea Canadian statio	oncommercia page (v) of the the local servage (v) of the es" in column on during the a multicast stream or before Ju mitter or an area o enter "E". If , see page (v) ch station. Fo ns, if any, giv	I educational), of e general instructivice area, (i.e. "congeneral instructive, you must conaccounting perioduse of lack of a geam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, ethe name of the	or "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the mplete column 5, so ad. Indicate by enti- ctivated channel of subject to a royalty steween a cable sys- senting the primar channel on any of instructions locate list the community me community with	emmercial educational multicast). The paper SA3 form. The paper SA	
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2017/2
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				023032	
carried by your cable s FCC rules and regulati	6, identify every system during the ons in effect or 6.61(e)(2) and (television state accounting June 24, 1944), or 76.63 (r	period, except 81, permitting th referring to 76.6	(1) stations carrie le carriage of certa	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
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 ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these th Column 6: Give the FCC. For Mexican or Column 6: Give the	cc rules, regular here in space only on a substand also in spatformation concern. In station's call associated with in each case wentering the least), "E" (for no se terms, see pation is outside ce area, see pay and entered "You he distant station on a part-time ion of a distant entered into on a primary transistimulcasts, also ree categories, also canadian statio	ations, or auth G—but do list itute basis. It the state rining substitute basis. It is sign. Do not represent the result of the station accepted as the station. It is station and uning the station of the local servers are station. It is seen the station. It is see page (v) of the seen and the seen page (v) of the station. For one, if any, given	orizations: It it in space I (the stion was carried to the sais station of the period of the same that is not said to the said of the sai	e Special Statemed both on a substitus, see page (v) of a program services er-the-air designate column 1 (list each the television statilington, D.C. This interest of the television statilington, D.C. This inte	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.	Television
Note: If you are utilizing	g multiple chai	•	EL LINE-UP		crianner ime-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	C.				023032	
PRIMARY TRANSMITTE In General: In space G carried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program basis Substitute Basis St basis under specific FC • Do not list the station station was carried of • List the station here, at basis. For further inf in the paper SA3 for Column 1: List each each multicast stream as "WETA-simulcast). Column 2: Give the its community of license on which your cable sys Column 3: Indicate	RS: TELEVISION i, identify every system during the constant of	y television standard accounting in June 24, 194, or 76.63 (rd din the next) respect to any attons, or auth G—but do list titute basis. In the standard account in a station account in a station account in the first part of the first part of the station. Whether the station whether the station whether the station.	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its own be reported in of as assigned to the annel 4 in Wash ation is a netwo	(1) stations carried to carriage of certariage of the certariage of the television statistington, D.C. This ork station, an indexide a corriage of the certariage of the c	and low power television stations) and only on a part-time basis under an network programs [sections and (2) certain stations carried on a stable system on a substitute program and Program Log)—if the state basis and also on some other and the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinatem stream separately; for example from for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M"	G Primary Transmitters: Television
For the meaning of these Column 4: If the star planation of local service Column 5: If you had cable system carried the carried the distant statice. For the retransmission of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	se terms, see pation is outside the area, see pative entered "Ye edistant static on on a part-timent on of a distant entered into on primary transification, also ree categories, location of ear anadian statio	page (v) of the the local servage (v) of the es" in column on during the ame basis becar or before Jumitter or an amount of the end	e general instructivice area, (i.e. "c general instructivity, you must cor accounting periodause of lack of a sam that is not a ne 30, 2009, be association representation representation of the ground carried the end of the general in the ru.S. stations, the the name of the rush is the rush in the rush is	ctions located in the distant"), enter "Ye ions located in the mplete column 5, sod. Indicate by enfectivated channel of subject to a royalty estween a cable system of the primain channel on any of instructions locate list the community with	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	
		CHANN	EL LINE-UP	AE		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IFR OF CARLE SY	/STEM·			SYSTEM ID#	
CABLE ONE, IN		STEWI.			023032	Name
PRIMARY TRANSMITTE		DN .				
In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	G, identify every system during the ions in effect of 3.61(e)(2) and (sis, as explaine	y television st he accounting n June 24, 19 4), or 76.63 (i d in the next	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:
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 explanation of these th Column 6: Give the	CC rules, regular here in space only on a subs and also in space formation concern. The station's call associated with a change of the station's call associated with a change of the station of a distant at the distant station of a distant a cantened into of a primary trans a simulcasts, also are categories as location of ear	ations, or auth G—but do listitute basis. Ince I, if the state erning substitute basis. Ince I, if the state erning substitute basis. In a station active area at the station active area at the station. In a station whether the station. In a station are go (v) of the local service (v) of the local service in column on during the me basis becamulticast stream or before Jumitter or an appearance of the station. In the station of the station of the station. It is see page (v) ch station.	orizations: t it in space I (the ation was carried cute basis station report origination cording to its over the reported in the annel 4 in Wash retion is a networ etwork), "N-M" (I educational), or e general instruct in the general instruct in the general instruct in the general instruct is as a solution in the cordinate of lack of a comment of lack of a comment is not s comment in the general in control of the general in control	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 d. Indicate by entictivated channel or subject to a royalty stween a cable systeming the primar channel on any of instructions locate list the community	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Television
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each		
	1	CHANN	EL LINE-UP	AF		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					ACCOUN	ITING PERIOD: 2017/2
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID	
CABLE ONE, IN	IC.				02303	2 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 .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 ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List 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 sta planation of local servin Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	C rules, regular here in space only on a substand also in spatformation concern. In station's call associated with 1-2". Simulcast see channel numbers the cast, "E" (for not see terms, see patterns as the distant station on a part-tirion of a distant entered into on a primary transistimulcasts, also ree categories, e location of eacanadian statio	titions, or auth G—but do list titute basis. ce I, if the staterning substitute basis. The state of the station acceptate and the station acceptate and the station. The station acceptate and the station. The station acceptate and the station. The station acceptate and the station acceptate and the station. The station acceptate and the station. The see page (v) ch station. For none, if any, given acceptate the station acceptate and the station acceptate acceptate and the station acceptate ac	orizations: It it in space I (the strict of the space I (the strict of the space I) It it in space I (the strict of the space I) It is space I (the strict of the space I) It is space I (the space I) It is space I (e Special Statemer I both on a substitus, see page (v) of a program services er-the-air designation to light footnoment of the television station of the television of the	paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Television
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

CABLE ONLY INC. CABLE	FORM SA3E. PAGE 3.							
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under 76.59(q)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 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 by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: List the station here, and also in space I, if the station was carried by our cable system 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. Lentify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a nanocommercial educati			/STEM:				Name	
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 76.58(d)(2) and (4), 76.61(e)(2) and (4), 76.61	,		ON .			32332		
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 as such as such as such as such as the stream sesociated 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), "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 two general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 6; stating the sission on which your cable system carried the distan	In General: In space C carried by your cable s FCC rules and regulati	G, identify ever system during to lons in effect or	y television sta he accounting n June 24, 19	period, except 81, permitting th	(1) stations carrie e carriage of certa	d only on a part-time basis under ain network programs [sections		
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 ascociated 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 cabl	substitute program bas	sis, as explaine	d in the next	paragraph.		. ,	Transmitters:	
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Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AH 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE	Column 2: Give the its community of licens	e. For example	e, WRC is Cha	-		•		
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SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AH			
	_		-			6. LOCATION OF STATION		
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LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 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							
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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AI 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE							
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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AI 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE							

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II					023032	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76	G, identify every system during to 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 Primary
substitute program bas Substitute Basis \$				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	
Column 2: Give the			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy			tation is a netwo	urk etation, an inde	ependent station, or a noncommercial	
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (for network multic	ast), "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.						
					e paper SA3 form. stating the basis on which your	
cable system carried to	he distant statio	on during the	accounting perio	od. Indicate by ent	tering "LAC" if your cable system	
carried the distant stat	•				capacity. y payment because it is the subject	
					stem or an association representing	
•			•	• .	ry transmitter, enter the designa-	
` '			•	•	ther basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing)				•	which the station is identifed.	
Troto: II you are allie.	- Ig manipio onai		EL LINE-UP		onamie 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	0. LOCATION OF STATION	
	NUMBER	STATION	(10001110)	(If Distant)		
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	+ ······					
	+				†	

FORM SA3E. PAGE 3.					ACCOUNTI	NG PERIOD: 2017/2	
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	1C.				023032		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the consistence of	he accounting n June 24, 199 4), or 76.63 (r d in the next p	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	Primary Transmitters:	
basis under specifc FC	CC rules, regula	ations, or auth	orizations:		able system on a substitute program ent and Program Log)—if the	Television	
	and also in spa formation cond	ace I, if the sta			ute basis and also on some other fthe general instructions located		
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 ex-							
planation 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 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 as	eam that is not s ine 30, 2009, be ssociation repre	subject to a royalty etween a cable system esenting the priman	payment because it is the subject stem or an association representing ry transmitter, enter the designa-		
explanation of these the Column 6: Give the FCC. For Mexican or C	ree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, giv	of the general in U.S. stations, let the name of the	instructions locate list the community ne community with	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing	ng multiple chai	•	EL LINE-UP	•	channer inte-up.		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL		(Yes or No)	CARRIAGE (If Distant)			
	• • • • • • • • • • • • • • • • • • • •						

FORM SA3E. PAGE 3.						ACCOUNTI	NG PERIOD: 2017/2
LEGAL NAME OF OWN		STEM:			SY	STEM ID#	Name
CABLE ONE, IN	IC.					023032	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
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, 19 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	and low power television station d only on a part-time basis unde ain network programs [sections and (2) certain stations carried or 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	, a	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. Iden ion. For example, report multi- a 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 channe		
	in each case v	vhether the st			pendent station, or a noncomme ast), "I" (for independent), "I-M"	ercial	
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 ex-							
planation 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 stati For the retransmiss	on on a part-tir	me basis beca multicast stre	ause of lack of a eam that is not s	ctivated channel cubject to a royalty	apacity. payment because it is the subje	ect	
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	tem or an association represent y transmitter, enter the designa- her basis, enter "O." For a furthe		
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	d in the paper SA3 form. to which the station is licensed which the station is identifed.	by the	
Note: If you are utilizin				•			
		CHANN	EL LINE-UP	AL			
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	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
CABLE ONE, II	NC.				023032	Name		
PRIMARY TRANSMITTI	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	g 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	. , . ,	,	•	1(C)(Z) and (4))], a	and (2) certain stations carried on a	Transmitters:		
basis under specifc FO	CC rules, regula	ations, or auth	orizations:		able system on a substitute program ent and Program Log)—if the	Television		
station was carried	•		t it iii space i (tii	le Special Stateme	ent and Program Log)—It the			
	formation cond				tute basis and also on some other fthe general instructions located			
		sign. Do not i	report origination	n program services	s such as HBO, ESPN, etc. Identify			
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.								
					stating the basis on which your tering "LAC" if your cable system			
carried the distant stat		•	٠.	•	,			
					payment because it is the subject stem or an association representing			
_				•	ry transmitter, enter the designa-			
` ' '			•	•	her basis, enter "O." For a further d in the paper SA3 form.			
					to which the station is licensed by the			
FCC. For Mexican or (Note: If you are utilizing		, , ,		•	which the station is identifed.			
Note: If you are utilizing	ig manipic chai	• •	•	•	charner inc-up.			
		CHANN	EL LINE-UP	AW				
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 Long Form (Rev. 05-17) U.S. Copyright Office

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				023032	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76	system during to ions in effect or 6.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (i	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 Primary
substitute program bas Substitute Basis \$				s carried by your c	cable 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	
Column 2: Give the			-		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy			ation is a netwo	ork station an inde	ependent station, or a noncommercial	
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (for network multic	ast), "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 ex-						
planation 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						
			•	-	tering "LAC" if your cable system	
carried the distant stat	•				. ,	
					r payment because it is the subject 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	
				•	which the station is identifed.	
Note: If you are utilizing	ng multiple char		•	•	channel line-up.	
	1	CHANN	EL LINE-UP	AN		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
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					-	
	†					
	†				†	
					 	
		I				

PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute passis stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast)	FORM SA3E. PAGE 3.							
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-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			STEM:				Name	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for independent), "I-M" (for ind	<u> </u>					023032		
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 designa-	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 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 serving Column 5: If you he cable system carried the distant stat For the retransmiss of a written agreement.	ERS: TELEVISIO G, identify every system during the ions in effect or 6.61(e)(2) and (sis, as explaine stations: With I CC rules, regular I here in space only on a subs and also in space formation concurred. The station's call associated with I a	y television standard accounting in June 24, 194, or 76.63 (in din the next) respect to any ations, or auth G—but do listitute basis. In the standard accounting the station accounting the station accounting the station. In the station accounting the station or before June 24, 1999.	period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the stion was carried to the basis station of the stion was carried to the basis station of the period of the stion was carried to the basis station of the period of the per	e (1) stations carried the carriage of certa (1(e)(2) and (4))]; as a carried by your cone Special Statement of the Special	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 is 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 rependent 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 is stating the basis on which your tering "LAC" if your cable system to apacity. The payment because it is the subject term or an association representing	G Primary Transmitters:	
			CHANN	EL LINE-UP	AO			
CHANNEL LINE-UP AO	1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
	SIGN			(Yes or No)				
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE					,			
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION								
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE		•						
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1. CALL SIGN 2. B'CAST CHANNEL 3. TYPE 4. DISTANT? (Yes or No) 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CARRIAGE								
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name		
CABLE ONE, IN					023032			
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,	G, identify every system during the consistence of 6.61(e)(2) and (6.61) as explaine stations: With record rules, regular here in space only on a substant also in spaformation concepts.	y television strange accounting in June 24, 1944), or 76.63 (if the state of the st	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the stion was carried	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a s carried by your c ne Special Statement d both on a substit	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located	G Primary Transmitters: Television		
column 1: List each 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 staplanation of local servi Column 5: If you had cable system carried the distant stating For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	ch station's call associated with associated with associated with a case of the case of th	n a station accepted as the station. Whether the station whether the station accepted as the station and the local services in column and during the same basis because the station. The station are page (v) of the station are page (v) of the station are page (v) of the station. For an are page (v) of station. For ans, if any, given and line-ups,	as assigned to assassigned to annel 4 in Wash ation is a network, "N-M" (all educational), as general instruct 4, you must conaccounting perioduse of lack of a sam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, ee the name of the use a separate	the television station of the television station, D.C. This ork station, an indefor network multicor "E-M" (for noncoctions located in the thickness of the televisions located in the mplete column 5, so the station of the televisions located in the molecular of the televisions located in the televisions located in the televisions located in the televisions located in the televisions located list the community with space G for each	paper SA3 form. stating the basis on which your sering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing the basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.			
		CHANN	EL LINE-UP	AP				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.						ING PERIOD: 2017/2
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Namo
CABLE ONE, IN					023032	
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	G, identify every system during the ons in effect or .61(e)(2) and (esis, as explained estations: With record only on a substant also in spate formation concern. h station's call associated with -2". Simulcast sechannel number	r television stree accounting a June 24, 19; 4), or 76.63 (r d in the next pespect to any titions, or auth G—but do listitute basis. ce I, if the state erning substitute isign. Do not rea a station accept the FCC here accounts and the streams must over the FCC here accounting the streams must be the formal accounts and the streams must be the formal accounts and the streams must be the formal accounts and the streams account account of the formal accounts and the streams accounts are accounted to the streams account of the streams accounts account of the streams account of the streams accounts accounts account of the streams accounts account of the streams accounts accounts account of the streams accounts accounts account of the streams account of the streams accounts account of the stre	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 report origination coording to its ow be reported in courses	(1) stations carrie the carriage of certain (e)(2) and (4))]; as carried by your content of Special Statement of both on a substitution, see page (v) of a program services the ser-the-air designation of the television statistics.	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the aute basis and also on some other at the general instructions located as such as HBO, ESPN, etc. Identify a stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local servicable system carried the distant static For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	estem carried the in each case we entering the lessest), "E" (for no see terms, see pation is outside ce area, see pare entered "Ye no distant station on a part-tirion of a distant entered into or a primary transposimulcasts, also aree categories, a location of each canadian statio	the station. Whether the stater "N" (for no concommercial coage (v) of the state of the local servage (v) of the servage (v) of the servage (v) of the servage (v) of the servage of the state of the servage of the station. For servage (v) ch station.	ration is a netwo etwork), "N-M" ('I educational), o e general instructive area, (i.e. "c general instructive area (i.e. "c accounting perioduse of lack of a eam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, e the name of the	ork station, an inder for network multicator "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, so do Indicate by entictivated channel coupling to a royalty stween a cable system on any otinstructions locate list the community with	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). He paper SA3 form. Solutions of the paper SA3 form. Stating the basis on which your eering "LAC" if your cable system sapacity. Payment because it is the subject stem or an association representing the paper SA3 form. The	
,		CHANN	EL LINE-UP	AQ	<u> </u>	-
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#	Name	
CABLE ONE, IN	1C.				023032		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
carried by your cable s FCC rules and regulati	system during to ons in effect or	he accounting n June 24, 19	period, except 81, permitting th	(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	
	here in space	G-but do list		e Special Stateme	ent and Program Log)—if the		
	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located		
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 retransmiss of a written agreement	ion of a distant entered into o	: multicast stre n or before Ju	eam that is not s ine 30, 2009, be	subject to a royalty etween a cable sys	payment because it is the subject stem or an association representing		
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any ot	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.		
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.		
Note: If you are utilizate	g manple ona	• •	EL LINE-UP	•	orialine 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)			
	NOMBER	STATION		(II Distant)			
	ļ						
	<u> </u>						

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				023032	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	DN				
In General: In space of carried by your cables of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Substitute Pasis Pas	G, identify even by system during the ions in effect or ions. With in CC rules, regular here in space only on a substand also in spatioformation concurn. The station's call associated with example system carried the in each case we entered "Ye in each case we entered "Ye entering the least), "E" (for no esse terms, see pation is outside to earea, see pation is outside to earea, see pation of a distant static ion on a part-time ion of a distant at entered into on a primary trans simulcasts, also aree categories	y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: at it in space I (the station was carried the basis station to the period of the reported in the station is a network of the station is a network of the station is a network of the stational), of the general instructive area, (i.e. "of general instructive area, (i.e. "of general instructive area, (i.e. "of general instructive area, of lack of a station is a network of lack of a station in the station in the stational instructive area, of lack of a stational instruction of the stational instru	t (1) stations carried be carriage of certific (2) and (4))]; as carried by your one Special Statement of the Special Special Special Special Statement of the Special Specia	es." If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. / payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	Primary Transmitters: Television
					y to which the station is licensed by the n 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	AS		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
	••••••					
				<u> </u>		
					-	
					<u> </u>	
		<u> </u>				

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, IN					023032	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat	system during to ions in effect or 6.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (r	period, except 81, permitting the referring to 76.6	(1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
				s carried by your o	cable system on a substitute program	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- h stream separately; for example	
Column 2: Give the			-		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy	stem carried th	ne station.			,	
					ependent station, or a noncommercial east), "I" (for independent), "I-M"	
(for independent multion	cast), "E" (for n	oncommercia	l educational), o	or "E-M" (for nonco	ommercial educational multicast).	
For the meaning of the Column 4: If the st					ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi						
			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	ion on a part-tii	me basis beca	ause of lack of a	ctivated channel	capacity.	
					/ payment because it is the subject stem or an association representing	
-				•	ry transmitter, enter the designa-	
` '			•	•	ther basis, enter "O." For a further	
					ed in the paper SA3 form. If to which the station is licensed by the	
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	n which the station is identifed.	
Note: If you are utilizing	ng multiple char		•		channel line-up.	
	1	CHANN	EL LINE-UP	AT		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
					-	
	<u> </u>					
						
	ı	I		ı	1	

FORM SA3E. PAGE 3.						ING PERIOD: 2017/
LEGAL NAME OF OWN		STEM:			SYSTEM ID# 023032	Namo
CABLE ONE, IN					023032	
carried by your cable s FCC rules and regulati	G, identify every system during the ons in effect or 5.61(e)(2) and (-	television stone accounting June 24, 194), 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:
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		CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						NG / EMIOD: 2017/
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN					023032	
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, a basis. For further in in the paper SA3 for	G, identify every ystem during the ons in effect or .61(e)(2) and (-is, as explaine tations: With r C rules, regular here in space only on a substand also in spaformation concorn.	r television strate accounting a June 24, 1964), or 76.63 (r lespect to any tions, or auth G—but do listitute basis. ce I, if the state arning substitute state account of the st	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried cute basis station	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a s carried by your case special Statement d both on a substitute, see page (v) or	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify	G Primary Transmitters: Television
each multicast stream as "WETA- 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 sy planation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmissi of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	associated with 2". Simulcast see channel number of the control of	n a station accepted as a station accepted as a station. Whether the station. Whether the station. Whether the station and a station are to a station as a station as a station as a station as a station. The station are to a station. For an are to a station. For ans, if any, given and line-ups, and a station.	cording to its over be reported in a case assigned to cannel 4 in Wash action is a network, "N-M" (all educational) (all	er-the-air designat column 1 (list each the television statinington, D.C. This in the station, an indefor network multications located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entactivated channel of subject to a royalty etween a cable systement on any otinistructions located list the community with space G for each	tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel uppendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form. The	
		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	

FORM SA3E. PAGE 3.					OVOTELLIDA	
CABLE ONE, IN		STEM:			SYSTEM ID# 023032	Namo
PRIMARY TRANSMITTE		N.			020002	
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	G, identify every system during the lons in effect or 6.61(e)(2) and (sis, as explaine	television state accounting June 24, 194), or 76.63 (rd in the next	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	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 sta planation of local servic Column 5: If you had cable system carried th carried the distant stati 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 react rules, regular here in space only on a substand also in spate formation concern. In station's call associated with a second rule for each case when the cast, "E" (for not see terms, see parties in each case when the cast, "E" (for not see terms, see parties in soutside ce area, see parties on on a part-tirion of a distant station of a distant entered into or a primary transistimulcasts, also aree categories, e location of each canadian statio	espect to any tions, or auth G—but do listitute basis. ce I, if the staterning substitute sign. Do not read a station and attended to the station. Whether the station. Whether the station and the local serving (v) of the est in column and uning the end basis becamulticast stream or before Jumitter or an action of the serving (v) of the control of the local serving (v) of the est in column and uning the end basis becamulticast stream or before Jumitter or an action of the local serving the serving the see page (v) ch station. For each, if any, giv	distant stations orizations: a tit in space I (the ation was carried tute basis station reported in coording to its own be reported in coording is a network), "N-M" (I educational), on the general instruct of the general instruct or a coording period ause of lack of a coordinate period ause	de Special Statement of 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 limit of the television statington, D.C. This limit of the television, an indefor network multicular "E-M" (for noncoctions located in the inplete column 5, so do. Indicate by entitivated channel of subject to a royalty stween a cable system of the primary channel on any of instructions locate list the community with	es". If not, enter "No". For an expaper SA3 form. Stating the basis on which your stating "LAC" if your cable system capacity. To payment because it is the subject stem or an association representing the transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	Television
		CHANN	EL LINE-UP	AW		-
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
						· -

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 023032 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	6 PERIOD: 2017/		
LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:				,	SYSTEM ID#	Nome		
CABLE ONE, INC. 023032										
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT 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 pager \$A3 form										
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
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 broatthe 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 progratice, please a of every no distant state gulations, oution. Do no Lucy" or "NE m was broad sign of the sadcast static andian static of the sadcast static and day we "5/7." es when the Example: a er "R" if the and regulation of the sadcast static and the sadcast	am on a separa attach additional attach additional and that your authorization of use general cash asketball: dcast live, entestation broadca on's location (thous, if any, the when your system of a program carrillisted program ons in effect du	al pages. ision program (substitute pour cable system substitute so some 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 tem carried the substitute program was carried by your ged by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is lice station is idenorogram. Use cable system. 15 p.m. to 6:2 mming that ye; enter the let	during the ramming on slocated List specificated by the stiffied). numerals, List the tir 8:30 p.m. sour system ter "P" if the	accounting of another sta in the paper fic program e FCC or, in with the more mes accurate should be n was require e listed pro	tion nth ely			
		ΓE PROGRAM			EN SUBST		7. REASON			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES	FOR DELETION			
	165 01 140	CALL SIGN	4. STATIONS LOCATION	AND DAT	TROW	<u>— то</u>				
	 									
	 									
	 									
										
						<u> </u>				
										
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ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC.
SYSTEM ID#
023032

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

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

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

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

1		DAT	TES	AND HOURS (OF F	PART-TIME CAR	RIAGE			
CALL SIGN	WHEN CARRIAGE OCCURRED					CALL SIGN	WHEN CARRIAGE OCCURRED			
0,122 01011	HC DATE FROM		OUF	RS TO		O/ ILL OIGH	DATE	HOURS FROM		RS TO
			_						_	
			_						_	
			-=							
			-=-						=-	
									_	
									_	
			_						_	
			_						_	
			_						_	
									_	
									=-	
									=	

LEGA	SA3E. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC.		SYSTEM ID# 023032	Name					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)									
InstruConConIf your feeIf you accommoder	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
bloc ► If pa 3 be ► If pa	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should lk 3 below. rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoblock 4 below.	entered on line 2 in	block						
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mo least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.								
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colu "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule.	mn 4, you must chec	ck						
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	\$	3,136.96						
	schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here	\$	3,136.96						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet).		6,273.92 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE								
	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		additional fees.					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#
Name	CABLE ONE, INC.	023032
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to 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) 602-364-6013	
O Certification	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations. • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Gertification	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	m
	 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.	е
	Typed or printed name: RAYMOND STORCK	
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
	Date: February 28, 2018	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023032	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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

ACCOUNTING PERIOD: 2017/2

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 carried 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 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
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	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

		Ψ0,001.00				
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: 2017/2

DSE SCHEDULE. PAG	E 11. (CONTINUED)									
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SUM OF DSEs OF CATEGORY "O" STATIONS: SYSTEM ID# 023032									
1										
	Add the DSEs of each statio									
	Enter the sum here and in line		0.50							
2	Instructions:									
_	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).									
Computation										
of DSEs for	mercial educational station, give the DSE as ".25."									
Category "O"			CATEGORY "O" STATION	IS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KCPT	0.250								
	KSHB	0.250				***************************************				
		<u>'</u>								
		<mark></mark>								
Add rows as		·····								
necessary.		<mark></mark>								
Remember to copy		<mark>- </mark>								
all formula into new		<mark></mark>								
rows.										

		<u> </u>								
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		·····								
		·····								
										
						(**************************************				

Name	CABLE ONE	OWNER OF CABLE SYSTEM:					•	023032				
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the page SA3 form.											
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs											
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F 5. TYPE		SE				
			÷		= <u> </u>	<u>x</u>	<u>=</u>					
						x x						
			÷		=	x	=					
			÷		=	x	=					
							= =					
			÷		=	x	=					
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of p		edule,	▶	0.0	0					
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations are space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each start by your system in substanct on October 19, 1976 (one or more live, nonnetwork). For each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a prog as shown by the ork programs du number of live, spond with the i is in the calendal in 2 by the figur (For more inform	gram that your systeme letter "P" in column ring that optional carring that optional car	n was permitted 7 of space I); an iage (as shown by s carried in subs a leap year. ve the result in c ee page (viii) of	to delete under FCC rule d t the word "Yes" in column stitution for programs tha olumn 4. Round to no le the general instructions	n 2 of at were deleted ass than the third	orm).				
	1			BASIS STATION			T					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE				
		÷		=			÷ -	=				
		÷		=			÷	=				
		÷		=			÷	=				
		÷		=			÷	=				
	Add the DSEs	of SUBSTITUTE-BAS of each station. Im here and in line 3 of p		edule,	▶	0.0	0					
5		ER OF DSEs: Give the am s applicable to your system		ooxes in parts 2, 3, and	4 of this schedul	le and add them to provid	e the tota					
Total Number	1. Number o	f DSEs from part 2●				>	0.50					
of DSEs		f DSEs from part 3 ●				<u> </u>	0.00					
	3. Number o	f DSEs from part 4 ●				>	0.00					
	TOTAL NUMBE	R OF DSEs					•	0.50				

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/2

CABLE ONE, I		SYSTEM:					S	YSTEM ID# 023032	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of p		7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
,	, ,			ELEVISION M.	ARKETS				Computation of
	1981?	schedule—D	•	aller markets as de				gulations in	3.75 Fee
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations BSE Scheme	ons prior to Jui dule. (Note: Ti	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	tion of permitt	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursua *F A station pre	les and reguled pursuant to on as defined all educations distation (76.6 or DSE sched ant to individuation wiously carried JHF station w	lations cited boot the FCC mand in 76.5(kk) (7 all station [76.565) (see paragule). Lall waiver of Fed on a part-tinithin grade-Boot in the fed on a part-tinith	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198), 76.61(b)(c), n) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on 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	
KCPT	C	0.25							
KSHB	Α	0.25					<u> </u>		
							-		
				,				0.50	
		B	I OCK C: CO	MPUTATION OF	F 3 75 FFF				
			LOOK 0. 00	WII OTATION OF	0.701 LL				
Line 1: Enter the							•	0.50	
Line 2: Enter the	sum of permitte	d DSEs fror	n block B ab	ove			a	0.50	
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.	<u>, </u>	0.00	
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter su	ım here				. x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

ABLE ONE	F OWNER OF CABLE E, INC.							YSTEM ID# 023032	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation o
		•						••••••	
					•			•••••	
								•••••	
		• • • • • • • • • • • • • • • • • • • •						•••••	
								•••••	
		• • • • • • • • • • • • • • • • • • • •							
								••••••	
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		•						••••••	
									
					<u> </u>				
								••••••	
								••••••	
			1						4

Name	CABLE ONE, IN		SYSTEM:						S	YSTEM ID# 023032			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station 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.												
	_	PERMITTI	ED DSE FOR STA	TIONS CARRIE	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS					
	1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE DSE												
7 Computation of the		"Yes," comple	ete blocks B and C ocks B and C blan	k and complete		rt 8 of the DSE schedu							
Syndicated			BLOCI	K A: MAJOR	<u>IE</u>	ELEVISION MARKI	<u>EI</u>						
Exclusivity Surcharge	Is any portion of the or	cable system w	rithin a top 100 majo	or television mar	ket	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?			
· ·	Yes—Complete	•				X No—Proceed to			,				
	BLOCK B: C	arriage of VHF	Grade B Contour	Stations		BLOCK	C: Compu	itation of Exem	pt DSE	3			
	Is any station listed in commercial VHF stati or in part, over the ca	on that places			Ш	Was any station listed nity served by the cab to former FCC rule 76.	le system p						
	Yes—List each s X No—Enter zero a		h its appropriate per part 8.	mitted DSE		Yes—List each sta X No—Enter zero an			ate permi	tted DSE			
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE			
								-					
				ļ									
		-	TOTAL DSEs	0.00				TOTAL DS	Es	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 023032	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	589,654.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
		_	
	· · ·		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	_	
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		

Name		IE OF OWNER OF CABLE SYSTEM: SYSTEM ID#
	(CABLE ONE, INC. 023032
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here
		F. Multiply line D by line E and enter here
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)
		Syndicated Exclusivity Surcharge.
	les e f	Afone
8	You mi	ettons: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part
U		checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.
Computation		r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.
of		r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below
Base Rate Fee	blank	
		s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers
		pocated within that station's local service area and others were located outside that area. For the definition of a station's "local eraea," see page (v) of the general instructions.
	301 1100	area, see page (v) of the general instructions.
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	Section 1	Enter the amount of gross receipts from space K (page 7)
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"
		use the total number of DSEs from part 5.)
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.
		A. Enter 0.01064 of gross receipts (the amount in section 1)
		B. Enter 0.00701 of gross receipts (the amount in section 1)
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here
		D. Multiply line B by line C and enter here
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)
		Base Rate Fee

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/2

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	
	E ONE, INC.	023032	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		0
•	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1)►	-	
	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 ▶\$	-	Dusc Rate I ce
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here >		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	Base Rate Fee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast		
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel lG.	ine-ups in	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,		Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take adv on, you must:	antage of this	of
			Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to t or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine th		Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for e		Exclusivity Surcharge
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pa mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
-	Identify a Subscriber Group for Partially Distant Stations		for Partially
	For each community served, determine the local service area of each wholly distant and each partially distant statio	n you	Permitted Stations
	to that community.		Otations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were loca the station's local service area. A subscriber located outside the local service area of a station is distant to that station to token, the station is distant to the subscriber.)		
-	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Ea		
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.	a cable	
Compu	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	n's subscriber	
In each	section:		
	fy the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all o bers in the group.	r the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in put this schedule; or,	parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo 6 of this schedule.	ck B,	
•	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 insepaper SA3 form.	tructions	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the principal in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need	is, the total	

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 023032 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 023032	Name
В				TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU		
	FIRST	SUBSCRIBER GROU		COMMUNITY A DEA	JP 0	9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-			<u></u>			and Syndicated
					···			Exclusivity
								Surcharge
								for
					<u></u>			Partially Distant
								Stations
						_		
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			†				<u></u>	
								
		-						
								
					···			
					<u></u>			
T			0.00	T			0.00	
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts Third (3roup	\$	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			iber group	as shown in the boxes a	above.	\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023032									
[ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU			
COMMUNITY ASSE		SUBSCRIBER GROU		COMMUNITY	UP 0	9			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	<u></u>				<mark>.</mark>			and	
	····			-				Syndicated Exclusivity	
				-	••••		····	Surcharge	
		-						for	
								Partially	
	<u></u>				····			Distant Stations	
	····							Stations	
	····				····				
Total DSEs		Į.	0.00	Total DSEs		<u>!!</u>	0.00		
Gross Receipts First	Group	\$	0.00						
Gross Receipts First	Gloup	•	0.00	Gloss Receipts Gecc	ли Огоир	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
		SUBSCRIBER GROU				SUBSCRIBER GROU	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
	 				····				
	<u></u>								
	····				····				
					····		<u></u>		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
D D (F	0		0.00	D D (5 - 5	u. O.		0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	tn Group	\$	0.00		
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	s above.	\$			

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO			UP 0	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	<u></u>							and
	····	-	····		······			Syndicated Exclusivity
								Surcharge
								for
	<u></u>				<u></u>			Partially
	····	-	····		·····			Distant Stations
	····	-		·				Stations
,								
	<u></u>				<u></u>			
T-+-I DOC-			0.00	T-t-I DOE-		1	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
			·	·			<u> </u>	
•••••	••••	-						
		-						
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Total DSEs	•		0.00	Total DSEs	_		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo	the base ra	te fees for each subs				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023032										
				TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO				
THIE COMMUNITY/ AREA	KIEENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	UP 0	9				
	I = - = I							Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee		
						-		and		
			<u> </u>	•	•••••	-		Syndicated		
								Exclusivity		
								Surcharge		
						-		for		
								Partially		
	·				·····	-		Distant Stations		
	·				·····		<u> </u>	Stations		
					•••••		····			
					••••					
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First G	Gross Receipts First Group \$ 0.00				ond Group	\$	0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
FII	FTEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GRO	UP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						-				
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					•••••	-				
					••••					
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Foun	rth Group	\$	0.00				
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023032										
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUP)	_		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
						_		Syndicated		
								Exclusivity		
								Surcharge		
		-						for		
								Partially Distant		
								Stations		
		-								
							*			
										
Total DSEs			0.00	Total DSEs		-	0.00			
Gross Receipts First Gr	Gross Receipts First Group \$ 0.00			Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second	d Group	\$	0.00			
NIN	ITEENTH	SUBSCRIBER GROL	IP	TV	VENTIETH	SUBSCRIBER GROUP)			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
										
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		-								
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third Group \$ 0.00		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		LE SYSTEM:				S	YSTEM ID# 023032	Name
	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		 		SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	·····						<u></u>	Base Rate Fe and
		H						Syndicated
								Exclusivity
								Surcharge
								for
							<u></u>	Partially Distant
		_						Stations
	····				·····			
	····						····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·	-						
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWE	NTY-THIRD	SUBSCRIBER GRO	UP	TWEN	ITY-FOURTH	I SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
	·····							
	····							
		_	<u></u>					
							<u></u>	
••••••	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	YSTEM ID# 023032	Name
				ATE FEES FOR EAC				
	TY-FIFTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
		-						Distant Stations
								Stations
					<u>.</u>			
								
Total DSEs		!	0.00	Total DSEs		!!	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	·							
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU		11		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				-	 			
		-						
					<u></u>			
								
		-						
					<u></u>			
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
				TE FEES FOR EAC				
	ITY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u></u>					Syndicated
	<u></u>					-		Exclusivity Surcharge
	···				•••••	-		for
								Partially
	<u></u>							Distant
						-		Stations
					·····			
	···		<u></u>					
						II.		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	RTY-FIRST	SUBSCRIBER GRO		ii ii		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<u></u>		·····	-		
						 		
						-	····	
	···					-		
	<u></u>					 		
	<u></u>				<u></u>	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	023032	Name
				TE FEES FOR EAC				
THIF COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	THIF COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0	9
COMMUNITY/ AREA				COMMUNITY ARE	Α			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
	····		<u></u>			<u>-</u>		and Syndicated
	····		····			-		Exclusivity
								Surcharge
								for
								Partially Distant
	····				·····	-		Stations
	<mark></mark>					-		
			····			† †		
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Sec		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	0 9	COMMUNITY/ ARE		SUBSCRIBER GRO	<u>0</u>	
COMMUNITY AREA				COMMONT IT 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	
				П				
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 023032	Name
				ATE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GROU		TI .		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
					 			Syndicated Exclusivity
					···			Surcharge
								for
								Partially
		-						Distant Stations
								Stations
					<u></u>			
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Gross Neceipts First G	Toup	4	0.00	Gloss Necelpts Secon	na Group	-	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GROL	JP		FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
	<u> </u>				<u></u>			
					<u></u>			
	·				 			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				П				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 023032	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO	UP 0	FOR COMMUNITY/ AREA		SUBSCRIBER GROU	UP 0	9
COMMUNITY/ ARE	Α			COMMUNITY AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	·····		<u>.</u>		····			and Syndicated
					····			Exclusivity
								Surcharge
								for Partially
			·					Distant
								Stations
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		iii —		SUBSCRIBER GROU	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	١		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			-					
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	·····		<u>.</u>					
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	o as shown in the boxes	s above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 023032	Name
				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
					<u></u>			and
					<u></u>			Syndicated Exclusivity
								Surcharge
		-						for
								Partially
								Distant Stations
					<u></u>			
	·····				<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs		· ·	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GROU	<u> 0</u>	COMMUNITY/ AREA		1 SUBSCRIBER GROU	0	
COMMONT IT AREA	`			COMMONT IT AIREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-	<u></u>			
					<u></u>			
				-				
					<u></u>			
					<u></u>			
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	O23032	Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GROU			FIFTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
							<u></u>	Exclusivity
							<u></u>	Surcharge for
								Partially
								Distant
		-				_		Stations
		-						
								
							<u></u>	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIFT	Y-FIRST	SUBSCRIBER GROU	JP	11	/-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u> </u>	
							<u> </u>	
		-						
			 				<u> </u>	
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			 				<u> </u>	
T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u>\$</u>	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.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 023032	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	<mark></mark>							Syndicated
					····	-		Exclusivity
	<mark></mark>				·····	-		Surcharge for
	······································				•••••	-		Partially
								Distant
								Stations
						-		
	···					1		
••••••	<u></u>	•	<u></u>		•••••			
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	
FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ı	FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
	<mark></mark>				·····	-		
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	<mark></mark>		<u></u>			-		
	<mark></mark>		<u></u>		·····	-		
	···					-		
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 023032	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
			<u> </u>					Exclusivity Surcharge
			<mark>-</mark>		·····			for
								Partially
								Distant
								Stations
								1
			<u>-</u>				<u> </u>	1
			<u> </u>					
								1
								I
Total DSEs			0.00	Total DSEs			0.00	I
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
F	IFTY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					I
			-					1
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			<u>.</u>		<u>.</u>			I
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			<u>.</u>					1
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			<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 023032	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU		II		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
								Syndicated Exclusivity
	···			-				Surcharge
								for
								Partially
	····				 			Distant Stations
								Stations
								
Total DSEs	_	!	0.00	Total DSEs		**	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	p							
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	
	····			-				
	<u></u>				<u></u>			
								
					<u></u>			
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add to Enter here and in blood			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
Е	SLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	XTY-FIFTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>						<u></u>	Base Rate F
	<u></u>		····		·····			and Syndicated
	···	-	····	· · · · · · · · · · · · · · · · · · ·	·····			Exclusivity
								Surcharge
								for
								Partially
								Distant
		ļ			·····			Stations
	···	-	····					
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY	-SEVENTH	SUBSCRIBER GRO	DUP	SI	XTY-EIGHTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>		····					
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 Third Base Rate Fee: Add t Enter here and in bloc	he base ra t	te fees for each subs				\$	0.00	

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	YSTEM ID# 023032	Name
BL	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SIXT	TY-NINTH	SUBSCRIBER GRO		S	SEVENTIETH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ ILL GIGIT	DOL	OF ILL STORY	502	07 LEE 01011	502	OF ILLE STORY	DOL	Base Rate Fee
								and
								Syndicated
			<u></u>					Exclusivity
								Surcharge
					·····		····	for Partially
								Distant
		_	<u></u>		•••••			Stations
		_						
			<mark></mark>		·····			
Total DSEs	ļ		0.00	Total DSEs		Ц	0.00	
Gross Receipts First G	roun	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
Gloss Receipts Filst G	Ισαρ	4	0.00	Gross Receipts Sec	ona Group	•	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GRO	UP	SEVEN	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····		<u></u>	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
							Í	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 023032	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
SEVEN	TY-THIRD	SUBSCRIBER GRO	UP	SEVEN	TY-FOURTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated
						<u> </u>		Exclusivity
						-		Surcharge
	·		···			-		for Partially
			<u></u>		•••••			Distant
		-				-		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVEN	ITY-FIFTH	SUBSCRIBER GRO	UP	SEV	ENTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			<u></u>					
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						-		
			<u></u>			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third C	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.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
SEVENTY-	SEVENTH	SUBSCRIBER GRO	UP	SEVE	NTY-EIGHTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
			<u></u>		····			Distant Stations
				·				Stations
T DOF			0.00			Ц	0.00	
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	
SEVEN	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>	-	·····			
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			<u></u>	-	·····			
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		-						
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN		E SYSTEM:				S	YSTEM ID# 023032	Name	
				TE FEES FOR EACH					
	HTY-FIRST	SUBSCRIBER GROU		ii —	Y-SECONE	SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	<u>.</u>							and	
								Syndicated Exclusivity	
	···			-				Surcharge	
								for	
								Partially	
	<u></u>							Distant Stations	
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	<u></u>							i	
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Total DSEs	<u> </u>		0.00	Total DSEs		<u> </u>	0.00	İ	
Gross Receipts First G	- Froun	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	İ	
Groot Roscipio Filor C	лоцр			Cross rescipto escol	ia Group			İ	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
	ITY-THIRD	SUBSCRIBER GROU		ii .	Y-FOURTH	SUBSCRIBER GROU	JP -	ı	
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
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	İ	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	İ	
								İ	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	1	
Base Rate Fee: Add to Enter here and in bloc			riber group	as shown in the boxes	above.	\$		1	

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
				ATE FEES FOR EAC				
	ITY-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u>.</u>					Syndicated
								Exclusivity Surcharge
		-	<u>-</u>		····			for
		-						Partially
								Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	1
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
EIGHTY-	SEVENTH	SUBSCRIBER GRO	UP	EIGH	ITY-EIGHTH	I SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	1
								l
			<u> </u>					l
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Total DSEs			0.00	Total DSEs			0.00	İ
	_	_				_	_	l
Gross Receipts Third (zroup.	\$	0.00	Gross Receipts Four	in Group	\$	0.00	1
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	1
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		1

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	ITY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
	···		<u>.</u>				<u> </u>	Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
	···		<u></u>		·····			l
	···				····			l
								l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	İ
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRO	UP	NINE	TY-SECONE	SUBSCRIBER GROU	UP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
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Total DSEs	•		0.00	Total DSEs	•		0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	l
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
				TE FEES FOR EACH				
NINI COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	III	Y-FOURTH	I SUBSCRIBER GROU	JP 0	9
COMMUNITY AREA			U	COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u>.</u>			Base Rate Fee
	<u></u>	-			<mark></mark>			and Syndicated
	····				-			Exclusivity
								Surcharge
		<u> </u>			<u></u>			for
	····				. 			Partially Distant
		-						Stations
	<u>.</u>				<u> </u>			
	<u></u>	-			<u></u>			
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NIN	ETY-FIFTH	SUBSCRIBER GROU	JP	NIN	ETY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	-			<u></u>			
	<u></u>				<u></u>			
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	<u></u>				. 			
	····				<u>-</u>			
Total DSEs			0.00	Total DSEs		II	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourtl	n Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	023032	Name
				ATE FEES FOR EAC				
NINETY- COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
			-			-		and
		=				-		Syndicated
								Exclusivity
	<u></u>					 		Surcharge
								for
	<u> </u>	-	······································				····	Partially Distant
	···	-			••••	-	····	Stations
		_						
	<mark> </mark>							
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	Group	\$	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	
NINE	TY-NINTH	SUBSCRIBER GRO	UP	ONE H	IUNDREDTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	··	-			••••	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
- 111 I Joseph Tima	- : IM	·		l l l l l l l l l l l l l l l l l l l	vwp	•		
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 subs	criber aroun	as shown in the boxe	s above.			
Enter here and in block			5 1			\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 023032	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GROU		ii		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0,122 0.0.1	302	07.122 0.011	202	07.22 0.0.1	302	07.22 07.01	302	Base Rate Fee
								and
								Syndicated
					<u> </u>			Exclusivity
					<u></u>		····	Surcharge for
		-		· · · · · · · · · · · · · · · · · · ·	<u></u>			Partially
								Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDI	RED THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	D FOURTH	SUBSCRIBER GRO	UP	İ
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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Total DSEs	'		0.00	Total DSEs			0.00	İ
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	İ
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	l
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 023032	Name
		COMPUTATION OI SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>		<u> </u>		·····			and Syndicated
	<u> </u>		•	·	•••••	-		Exclusivity
								Surcharge
						 		for
	··							Partially Distant
								Stations
					····			
	<u> </u>		······································		•••••	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO		ii .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					····			
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 023032	Name
				ATE FEES FOR EACH				<u> </u>
		SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA	٠		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
								Syndicated Exclusivity
					····			Surcharge
		-						for
								Partially
								Distant Stations
					···		····	
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Secon		\$	0.00	
		SUBSCRIBER GROU	JP 0	II		I SUBSCRIBER GROU		
COMMUNITY/ AREA				COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	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.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		II		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
				· · · · · · · · · · · · · · · · · · ·				Syndicated Exclusivity
				·	-			Surcharge
								for
		-						Partially
				-				Distant Stations
								5.2
					<u></u>			
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED F	FIFTEENTH	SUBSCRIBER GRO	JP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>				<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 023032	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ILL GIGIT	BOL	GALLE GIGIT	502	O/ILL OIGH	502	O/ LEE OF OTT	BOL	Base Rate Fee
								and
		<u> </u>			<u></u>			Syndicated
			·					Exclusivity
			<u>-</u>		<u></u>		····	Surcharge for
		-	·		<u></u>			Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED	NINTEENTH	SUBSCRIBER GRO	JP	ONE HUNDRED 1	WENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED TWEN	ITY-SECONE	SUBSCRIBER GROUP	1	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
		_						Surcharge
								for
								Partially
								Distant
					<u></u>			Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED TWEN	ITY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
Е	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fe
	<u></u>		<u></u>					and
					·····			Syndicated Exclusivity
				1				Surcharge
								for
								Partially
		_						Distant
	<u></u>							Stations
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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 (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TWI	ENTY-EIGHTH	I SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 023032	Name
	BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	1 SUBSCF	RIBER GROUP		
		SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	<u></u>				<u></u>			Syndicated
								Exclusivity Surcharge
					<u>-</u>			for
								Partially
								Distant
	<u></u>	-			<u> </u>			Stations
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					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TI	HIRTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECONE	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	-			<u> </u>			
								
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fourth	า Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourth	า Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
				TE FEES FOR EACH				
ONE HUNDRED THE		SUBSCRIBER GROUP	0	ONE HUNDRED THIR COMMUNITY/ AREA		1 SUBSCRIBER GROUP	0	9
COMMONTITY AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			·					Base Rate Fee
	·····				···			and Syndicated
								Exclusivity
								Surcharge
		-	 					for Partially
								Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED T	HIRTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	HIRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	·····							
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 023032	Name
				TE FEES FOR EACH				
ONE HUNDRED THIR		SUBSCRIBER GROUP		ii e		H SUBSCRIBER GROUP		9
COMMUNITY/ AREA	······································		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
				·				Syndicated Exclusivity
								Surcharge
		-						for
					 			Partially
				-				Distant Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TH	HIRTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA	A		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		I	0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 023032	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROUP		ii e		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-			<u> </u>	Exclusivity Surcharge
								for
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								Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED F	ORTY-THIRD	SUBSCRIBER GROUP	1	ONE HUNDRED FOR	RTY-FOURTH	SUBSCRIBER GROUP)	I
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 Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 023032	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC				
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED I	ORTY-SIXTH	SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	_
CALL CICAL	DOE	CALL CICAL	DOE	CALL CICAL	DOE	M CALL CION	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
	··					-		and
	·						····	Syndicated
				·	••••		•••••	Exclusivity
								Surcharge
		-						for
	<u> </u>							Partially
								Distant
								Stations
								
	<u>-</u>							
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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	
ONE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	ORTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
				ATE FEES FOR EAC				
ONE HUNDRED FO		SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>							and
			<u>.</u>		<u></u>			Syndicated Exclusivity
								Surcharge
								for
								Partially
			<u>.</u>		<u></u>			Distant Stations
								Stations
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Total DSEs	<u> </u>		0.00	Total DSEs	_	!!	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU	UP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
			0.00	D. D. E. E			2.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	п 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# 023032	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		İ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
					<u></u>			Syndicated Exclusivity
				-			····	Surcharge
								for
	<u></u>				<u></u>			Partially
					<u></u>			Distant Stations
					<u></u>			Stations
					<u></u>			
								
Total DSEs	'		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	•							
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO		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	l Group	\$	0.00	Gross Receipts Fourt	th 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.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023032	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FIFTY	'-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED I	FIFTY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.010.1	100	0,122 0.011	302	07.122 07011	332	07.122.01011	302	Base Rate Fee
								and
		_						Syndicated
			<u></u>					Exclusivity
						-		Surcharge
					·····	-		for Partially
			···					Distant
		-	<u></u>			-		Stations
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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	
	FTY-NINTH	SUBSCRIBER GROU		11		SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total 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 bloc			criber group	as shown in the boxe	s above.	\$		

				TE FEES FOR EAC			LID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GRO	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
	·····					.		and
		.						Syndicate
		H				 		Exclusivity Surcharge
		-	····				••••	for
							•••••	Partially
								Distant
								Stations
		-					•••••	
otal DSEs		11	0.00	Total DSEs		' 	0.00	
	•	_					•	
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	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA	١		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	l Groun	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	-: - ~ P	·			=p	<u>·</u>		
							_ []	
Base Rate Fee Third	I Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
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non Poto Foot Ada	the bees	to food for each auch	acribar ara	as shown in the boxe	an above			

DOLLD.	NDEE 05 -:		TE EEE	D 4 5 = -	001101:		
GROUP CRIBER GROUP			TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROUND		B
0 9			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN CALL SIGN Cotal DSEs	DSE	CALL SIGN	0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Cotal DSEs Gross Receipts Third	Group	CALL SIGN	0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE	CALL SIGN	0.00 0.00	
AREA	Group	CALL SIGN	0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Call SIGN Call SIGN	Group	CALL SIGN	0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE	CALL SIGN	0.00 0.00	

	COMPUTATION OF SUBSCRIBER GRO	UP	TE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	ID	
COMMUNITY/ AREA			11				
		0	COMMUNITY/ AREA		1 OOBOOTTIBLIT GITO	0	9
CALL SIGN DSE				`			Computati
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
		-				<u></u>	Syndicate Exclusivit
		-		•••••			Surcharge
				•••••		•	for
							Partially
							Distant
							Stations
		-				<u></u>	
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
				·	<u>·</u>		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTY-FIFTH	SUBSCRIBER GRO	UP		FIFTY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					H		
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
				i-			
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Bas Sty Example 1 FINAL SIGN DSE CALL SIG	Q Computat of Base Rate and Syndicat Exclusivi Surcharg for Partially Distant Stations
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CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Bas SY EX SI SI SI SI SI SI SI SI SI SI SI SI SI	of Base Rate and Syndicat Exclusivi Surcharg for Partially
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Stal DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTY-NINTH SUBSCRIBER GROUP	and Syndicate Exclusive Surcharg for Partially Distant
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State Pee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 FIFTY-NINTH SUBSCRIBER GROUP	Surcharg for Partially Distant
otal DSEs	for Partially Distant
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total DSEs Total DSEs Total DSEs Total DSEs Gross Receipts First Group Gross Receipts Second Group Base Rate Fee First Group \$ 0.00 FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP	Galdin
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP	
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ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP	
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ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

CABLE ONE, IN	NER OF CAB	LL SISIEWI.				S	Name	
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ ARE	4		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and
			<u>.</u>					Syndicated Exclusivity
		H	····					Surcharge
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								Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
S	IXTY-THIRD	SUBSCRIBER GRO	OUP	SIX	(TY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE.	٩		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	
Total DSEs Gross Receipts Thir	d Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Gross Receipts Thir			0.00	Gross Receipts Fou			0.00	
		\$				\$	-	

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 023032	Name
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GRO		İ	KTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs	<u> </u>		0.00	Total DSEs	·	II.	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	
SIXTY-S	EVENTH	SUBSCRIBER GRO	UP	SIXT	Y-EIGHTH	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	<u> </u>		0.00	Total DSEs		Ш	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
								
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		e fees for each subs	criber group	as shown in the boxes	above.	\$		

	023032							
	ID	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OI SUBSCRIBER GRO		
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		\$				\$		
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	0.00		d Group	Base Rate Fee Secon	0.00		Group	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group	Sase Rate Fee First G SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group	SEVEN
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group	SEVEN
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group	Sase Rate Fee First G SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group	Sase Rate Fee First G SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group	SEVEN
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group	SEVEN
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group	Sase Rate Fee First G SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	Group	SEVEN COMMUNITY/ AREA CALL SIGN
	0.00 JP	SUBSCRIBER GROU	d Group	SEVENTO COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GRO	DSE	SEVEN COMMUNITY/ AREA CALL SIGN
	0.00 JP O DSE	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENTY COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	DSE	SEVEN COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 JP	SUBSCRIBER GROU	d Group	SEVENTO COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GRO	DSE Group	COMMUNITY/ AREA

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	ID			TE FEES FOR EACH				
9	0 0	SUBSCRIBER GROU	-FUUKIH	COMMUNITY/ AREA	<u>مر</u>	SUBSCRIBER GRO	II T-IHIKD	SEVEN COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	NTY-SIXTH	SEVEN	JP	SUBSCRIBER GRO	NTY-FIFTH	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			otal DSEs
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SUBSCRIBER GROUP 0	ii e		I SUBSCRIBER GRO	UP 0	9
					Computation
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0.00	Total DSEs			0.00	
\$ 0.00	Gross Receipts Sec	ond Group	\$	0.00	
\$ 0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SUBSCRIBER GROUP		EIGHTIETH	SUBSCRIBER GRO	UP	
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CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	_ []				
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\$ 0.00	Base Rate Fee Four	th Group	\$	0.00	
\$	0.00 0.00 UBSCRIBER GROUP 0 CALL SIGN DSE	0.00 0.00 Total DSEs Gross Receipts Sect 0.00 Base Rate Fee Sect CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN	0.00 0.00 Discriber Group Discriber Group 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	0.00 O.00 Some state for second Group Base Rate Fee Second Group UBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CA	0.00

CABLE ONE, IN	NER OF CAB C.	LE SYSTEM:					023032	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		iii		SUBSCRIBER GRO	UP 0	9
COMMUNITY/ ARE	٠		0	COMMUNITY/ ARE	Α			Computation
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Total DSEs		Н	0.00	Total DSEs		11	0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee Firs	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIC	HTY-THIRD	SUBSCRIBER GRO	OUP	iii		I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	٩		0	COMMUNITY/ ARE	Α		0	
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Total DSEs			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Thir	d Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Gross Receipts Thir			0.00	Gross Receipts Fou			0.00	
		\$				\$	•	

Name	023032	S)			.	LE SYSTEM:		LEGAL NAME OF OWNER CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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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-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$		Base Rate Fee Secon	0.00	\$		Base Rate Fee First G
	_	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Fotal DSEs
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		\$	Group			\$	Group	Fotal DSEs Gross Receipts Third C

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 023032	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GRO			Y-FOURTH	SUBSCRIBER GROU	JP	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	<u> </u>	Į.	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	NINI	ETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	O23032	SY				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE CABLE ONE, INC.
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9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
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	IP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GRO	Y-NINTH	NINET
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
	JP	SUBSCRIBER GROU	FOURTH	ONE HUNDRED	JP	SUBSCRIBER GROU	ED THIRD	ONE HUNDRI
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		\$	Group	Gross Receipts Fourth	0.00	\$	Group	ross Receipts Third G

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 023032	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GRO	JP	ONE HUNDR	ED TENTH	SUBSCRIBER GROU	JP	Λ
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
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Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GRO	JP	ONE HUNDRED	TWELVTH	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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Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		e fees for each subse	criber group	as shown in the boxes a	above.	\$		

Name	O23032	SY				LE SYSTEM:		LEGAL NAME OF OWNER CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTEENTH	ONE HUNDRED FOU		SUBSCRIBER GRO	RTEENTH	ONE HUNDRED THIR
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
	Р	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GRO	TEENTH	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
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	_	\$	Group	Total DSEs Gross Receipts Fourth		<u>\$</u>	Group	Total DSEs Gross Receipts Third G

PEFES FOR EACH SUBSCRIBER GROUP ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA COMPUTATION CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant
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Total DSEs
Gross Receipts Second Group \$ 0.00
Base Rate Fee Second Group \$ 0.00
ONE HUNDRED TWENTIETH SUBSCRIBER GROUP
COMMUNITY/ AREA
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Total DSEs
Gross Receipts Fourth Group \$ 0.00
Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	023032	Name
BL	OCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	NTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-SECONE	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
3ase Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWEN	ITY-THIRD	SUBSCRIBER GROU	p	ONE HUNDRED TWE	NTY-FOLIRTH	I SUBSCRIBER GROUP)	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th	e haen rot	ta face for each cubo	criher groun	as shown in the have	s ahove			
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	O DSE	CALL SIGN	TY-EIGHTH	H		SUBSCRIBER GROUP	-SEVENTH	OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
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BER GROUP	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED	JP	SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED THIRT
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LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S'	YSTEM ID# 023032	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED FOR	RTY-FIFTH	SUBSCRIBER GROUP)	ONE HUNDRED FO	RTY-SIXTH	I SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
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								and
		-						Syndicated
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Total DSEs	<u> </u>		0.00	Total DSEs	Ļ		0.00	
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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	
ase Rate Fee: Add th			criber group	as shown in the boxes a	above.	\$		

Name	O23032	S				LE SYSTEM:		LEGAL NAME OF OWNER CABLE ONE, INC.
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	023032						-	CABLE ONE, INC
9	ID.			TE FEES FOR EACH				
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TH SUBSCRIBER GROUP 0 Computation CALL SIGN DSE Of		TE FEES FOR EACH		COMPUTATION OF				
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l l		Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G		

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LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023032 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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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023032 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 Second Group ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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