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				
02/28/2018	\$ 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	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting		2017/2							
Period									
B Owner	rate	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo ate title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the business of the cable system  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting perioa  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	CEQUEL COMMUNICATIONS LLC								
		SUDDENLINK COMMUNICATIONS							
					030996	320172			
					030996	2017/2			
		3015 S SE LOOP 323							
		TYLER, TX 75701							
	INS	TRUCTIONS: In line 1, give any business or trade names used to id	lentify the busines	ss and operation of the syste	em unless t	hese			
С		nes already appear in space B. In line 2, give the mailing address of							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
	1	PARIS							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
	-	, , , , , , , , , , , , , , , , , , , ,							
		(City, town, state, zip code)							
D	Inst	tructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page	1b			
Area	with	all communities.							
Served		CITY OR TOWN	STATE						
First		PARIS	TX						
Community	В	elow is a sample for reporting communities if you report multiple cha	innel line-ups in S	pace G.					
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#			
Sample	Alda		MD	A		1			
		ance	MD	В		2			
	Ger	ing	MD	В	3	3			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
CEQUEL COMMUNICATIONS LLC			030996				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated							
areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should be	e reported in pare	ntheses				
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).							
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
PARIS	TX			First			
HOPEWELL	TX			Community			
RENO	TX						
ROXTON	TX						
TOCO	TX						
				See instructions for			
				additional information on alphabetization.			
				on alphabetization.			
				Add rows as necessary.			


Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

030996

### Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:				Ħ			
<ul> <li>Service to first set</li> </ul>	4,912	\$	32.24				
<ul> <li>Service to additional set(s)</li> </ul>	10,404		0				
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	627	\$	33.15				
Converter							
Residential							
Non-residential							
	1						

### F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential				
Pay cable	\$ 17.00	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>	\$ 19.00	Commercial				
Fire protection		Pay cable				
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		Fire protection				
First set	\$ 40.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>	\$ 25.00	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$ 40.00			
Converter		Disconnect				
		Outlet relocation	\$ 25.00			
		<ul> <li>Move to new address</li> </ul>	\$ 40.00			

	IER OF CABLE SY				SYSTEM ID# 030996	Name
PRIMARY TRANSMITTE					000000	
			ation (including	translator station	s and low power television stations)	
carried by your cable s	system during t	he accounting	g periocexcept (	1) stations carried	d only on a part-time basis under tain network programs [sectio	G
76.59(d)(2) and (4), 76	6.61(e)(2) and (	(4), or 76.63 (	referring to 76.6		tain network programs [sectio and (2) certain stations carried on	Primary
substitute program bas Substitute Basis S				carried by your	cable system on a substitute progra	Transmitters: Television
basis under specifc FC	CC rules, regula	ations, or auth	norization			. GIGVISION
<ul> <li>Do not list the station station was carried</li> </ul>			st it in space I (th	ne Special Statem	nent and Program Log)—if th	
· List the station here,	and also in spa	ace I, if the st			titute basis and also on some oth	
in the paper SA3 for		cerning substi	tute basis statio	ns, see page (v)	of the general instructions local	
					es such as HBO, ESPN, etc. Ident ation. For example, report mu	
cast stream as "WETA					ation. For example, report mu ch stream separately; for examp	
WETA-simulcast).  Column 2: Give the	e channel num	her the ECC t	nas assigned to	the television sta	tion for broadcasting over-the-air	
its community of licens	se. For example	e, WRC is Ch			s may be different from the chann	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommerc	
					cast), "I" (for independent), "I-I	
For the meaning of the	ese terms, see	page (v) of th	e general instru	ctions located in		
Column 4: If the sta planation of local servi					es". If not, enter "No". For an €	
Column 5: If you ha	ave entered "Y	es" in column	4, you must cor	mplete column 5,	stating the basis on which yo	
cable system carried th carried the distant stati					ntering "LAC" if your cable syste	
For the retransmiss	ion of a distant	t multicast str	eam that is not s	subject to a royalt	ty payment because it is the subje	
					ystem or an association representii ary transmitter, enter the desigr	
tion "E" (exempt). For s	simulcasts, als	o enter "E". If	you carried the	channel on any o	other basis, enter "O." For a furth	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the communit	ed in the paper SA3 form by to which the station is licensed by t	
FCC. For Mexican or C	Canadian statio	ons, if any, giv	e the name of the	he community wit	th which the station is identife	
Note. II you are utilizin	y multiple cha			.,	толалненине-ир.	1
1		1	EL LINE-UP			-
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIUN	NUMBER	STATION	(TES OF NO)	(If Distant)		
KAZD	39	I	NO	,,	LAKE DALLAS, TX	1
KDAF	32	Ι	NO		DALLAS, TX	See instructions for
KDAF-ANTENNA	32	I-M	NO		DALLAS, TX	additional information
KDAF-HD	32	I-M	NO		DALLAS, TX	on alphabetization.
KDAF-THIS	32	I-M	NO		DALLAS, TX	
KDFI	36	ı	NO		DALLAS, TX	
KDFI-BUZZR	36	I-M	NO		DALLAS, TX	
KDFI-HD	36	I-M	NO		DALLAS, TX	
KDFI-MOVIES	36	I-M	NO		DALLAS, TX	
KDFW	35	ı	NO		DALLAS, TX	
KDFW-HD	35	I-M	NO		DALLAS, TX	
KDTN	43	Е	YES	0	DENTON, TX	
KDTN-HD	43	E-M	YES	Е	DENTON, TX	
KDTX-TV	45	I	NO		DALLAS, TX	
KERA-CREATE	14	E-M	YES	0	DALLAS, TX	
KERA-HD	14	E-M		_		
	L	L	YES	E	DALLAS, TX	
KERA-TV	14	E	YES YES	0	DALLAS, TX DALLAS, TX	
				4	·	
KERA-WORLD KFWD-HD	14	E	YES	0	DALLAS, TX	
KERA-TV KERA-WORLD KFWD-HD KFWD-SON LIFE	14 14	E E-M	YES YES	0	DALLAS, TX DALLAS, TX	
KERA-WORLD KFWD-HD	14 14 9	E E-M I-M I	YES YES NO	0	DALLAS, TX DALLAS, TX FORT WORTH, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD	14 14 9	E E-M I-M I	YES YES NO NO	0	DALLAS, TX DALLAS, TX FORT WORTH, TX FORT WORTH, TX DECATUR, TX DECATUR, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KPXD	14 14 9 9 30 30 42	E E-M I-M I	YES YES NO NO NO	0	DALLAS, TX DALLAS, TX FORT WORTH, TX FORT WORTH, TX DECATUR, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KPXD KPXD-HD	14 14 9 9 30 30 42 42	E E-M I-M I I	YES YES NO	0	DALLAS, TX DALLAS, TX FORT WORTH, TX FORT WORTH, TX DECATUR, TX DECATUR, TX ARLINGTON, TX ARLINGTON, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KPXD KPXD-HD KSTR-HD	14 14 9 9 30 30 42 42 48	E E-M I-M I I I I-M I I-M I I-M I I-M I-M	YES YES NO	0	DALLAS, TX DALLAS, TX FORT WORTH, TX FORT WORTH, TX DECATUR, TX DECATUR, TX ARLINGTON, TX ARLINGTON, TX IRVING, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KPXD KPXD-HD KSTR-HD KSTR-HD	14 14 9 9 30 30 42 42 48 48	E E-M I-M I I I I-M I I-M I I-M I I-M I I-M I	YES YES NO	0	DALLAS, TX  DALLAS, TX  FORT WORTH, TX  FORT WORTH, TX  DECATUR, TX  DECATUR, TX  ARLINGTON, TX  ARLINGTON, TX  IRVING, TX  IRVING, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KPXD-HD KSTR-HD KSTR-HD KSTR-TV KTEN	14 14 9 9 30 30 42 42 48 48	E	YES YES NO	0	DALLAS, TX DALLAS, TX FORT WORTH, TX FORT WORTH, TX DECATUR, TX DECATUR, TX ARLINGTON, TX ARLINGTON, TX IRVING, TX IRVING, TX ADA, OK	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KPXD-HD KSTR-HD KSTR-HD KSTR-TV KTEN	14 14 9 9 30 30 42 42 48 48 19	E	YES YES NO	0	DALLAS, TX DALLAS, TX FORT WORTH, TX FORT WORTH, TX DECATUR, TX DECATUR, TX ARLINGTON, TX ARLINGTON, TX IRVING, TX IRVING, TX ADA, OK FORT WORTH, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KPXD KPXD KSTR-HD KSTR-HD KSTR-TV KTEN KTVT	14 14 9 9 30 30 42 42 48 48 19	E	YES YES NO	0	DALLAS, TX DALLAS, TX FORT WORTH, TX FORT WORTH, TX DECATUR, TX DECATUR, TX ARLINGTON, TX ARLINGTON, TX IRVING, TX IRVING, TX ADA, OK FORT WORTH, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KPXD KPXD-HD KSTR-HD KSTR-TV KTEN KTVT-DECADES KTVT-HD	14 14 9 9 30 30 42 42 48 48 26 19	E	YES YES NO	0	DALLAS, TX DALLAS, TX FORT WORTH, TX FORT WORTH, TX DECATUR, TX DECATUR, TX ARLINGTON, TX ARLINGTON, TX IRVING, TX IRVING, TX ADA, OK FORT WORTH, TX FORT WORTH, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KPXD KPXD-HD KSTR-HD KSTR-TV KTEN KTVT-DECADES KTVT-HD KTXA	14 14 14 9 9 30 30 42 42 48 48 26 19 19	E E-M 1-M 1 1 1 1-M 1 1-M 1 1 N N N 1-M N-M	YES YES NO	0	DALLAS, TX  DALLAS, TX  FORT WORTH, TX  FORT WORTH, TX  DECATUR, TX  DECATUR, TX  ARLINGTON, TX  ARLINGTON, TX  IRVING, TX  IRVING, TX  ADA, OK  FORT WORTH, TX  FORT WORTH, TX  FORT WORTH, TX	
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KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KPXD-HD KSTR-HD KSTR-HD KSTR-HD KSTR-HD KTVT KTEN KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD	14 14 9 9 30 30 42 42 48 48 26 19 19 19 29 29	E E-M  I-M  I  I  I-M  I  N  N  N-M  I  I-M  I-M	YES YES NO	0	DALLAS, TX  DALLAS, TX  FORT WORTH, TX  FORT WORTH, TX  DECATUR, TX  DECATUR, TX  ARLINGTON, TX  ARLINGTON, TX  IRVING, TX  ADA, OK  FORT WORTH, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KPXD-HD KSTR-HD KSTR-HD KSTR-HD KTYT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXA-HD KTXD-HD KTXD-HD KTXD-HD	14 14 9 9 30 30 42 42 48 48 26 19 19 19 29 29 46	E E-M I-M I I I I-M I I I-M I I I-M I I-M I-M I I-M I I I I I I I I I I I I I I I I I I I	YES YES NO	0	DALLAS, TX  DALLAS, TX  FORT WORTH, TX  FORT WORTH, TX  DECATUR, TX  DECATUR, TX  ARLINGTON, TX  IRVING, TX  IRVING, TX  ADA, OK  FORT WORTH, TX  GREENVILLE, TX  GREENVILLE, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KFXD-HD KSTR-HD KSTR-TV KTEN KTVT KTVT-DECADES KTVT-HD KTXA-HD KTXA-HD KTXA-HD KTXA-HD KTXD-HD KTXD-HD	14 14 9 9 30 30 42 42 48 48 26 19 19 29 29 46 46 23	E E-M I-M I I I-M I I I-M I I I-M I I I-M	YES YES NO	0	DALLAS, TX  DALLAS, TX  FORT WORTH, TX  FORT WORTH, TX  DECATUR, TX  ARLINGTON, TX  ARLINGTON, TX  IRVING, TX  IRVING, TX  ADA, OK  FORT WORTH, TX  GREENVILLE, TX  GREENVILLE, TX  GREENVILLE, TX  GREENVILLE, TX	
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KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KSTR-HD KSTR-HD KSTR-TV KTEN KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXA-HD KTXA-HD KTXD-TV KUVN-HD KUVN-TV KXAS-COZI	14 14 14 9 9 9 30 30 30 42 42 48 48 48 26 19 19 29 29 46 46 23 23 41	E	YES YES NO	0	DALLAS, TX  DALLAS, TX  FORT WORTH, TX  FORT WORTH, TX  DECATUR, TX  DECATUR, TX  ARLINGTON, TX  IRVING, TX  IRVING, TX  ADA, OK  FORT WORTH, TX  FORT WORTH, TX  FORT WORTH, TX  FORT WORTH, TX  GREENVILLE, TX  GREENVILLE, TX  GARLAND, TX  FORT WORTH, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KFYAD KSTR-HD KSTR-HD KSTR-TV KTEN KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXA-HD KTXA-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV KXAS-COZI KXAS-HD	14 14 14 9 9 9 30 30 30 42 48 48 48 26 19 19 29 29 46 46 23 23 41 41	E E-M  I-M  I I I I I I I I I I I I I I I I I I I	YES YES NO	0	DALLAS, TX  DALLAS, TX  FORT WORTH, TX  FORT WORTH, TX  DECATUR, TX  DECATUR, TX  ARLINGTON, TX  IRVING, TX  IRVING, TX  ADA, OK  FORT WORTH, TX  GREENVILLE, TX  GARLAND, TX  GARLAND, TX  FORT WORTH, TX  FORT WORTH, TX	
KERA-WORLD KFWD-HD KFWD-SON LIFE KMPX KMPX-HD KPXD KPXD KFXD-HD KSTR-HD KSTR-TV KTEN KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXA-HD KTXD-HD KUVN-TV KUVN-TV KXAS-COZI KXAS-HD	14 14 14 9 9 9 30 30 30 42 42 48 48 26 19 19 29 29 46 23 23 41 41 41	E	YES YES NO	0	DALLAS, TX  DALLAS, TX  FORT WORTH, TX  FORT WORTH, TX  DECATUR, TX  DECATUR, TX  ARLINGTON, TX  IRVING, TX  IRVING, TX  ADA, OK  FORT WORTH, TX  FORT WORTH, TX  FORT WORTH, TX  FORT WORTH, TX  GREENVILLE, TX  GREENVILLE, TX  GARLAND, TX  FORT WORTH, TX  GREENVILLE, TX  GREENVILLE, TX  GARLAND, TX  FORT WORTH, TX  FORT WORTH, TX  FORT WORTH, TX  FORT WORTH, TX	
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U.S. Copyright Office

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030996 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2017/2
LEGAL NAME OF OWNER OF							SYSTEM ID#	Name
CEQUEL COMMUNICA	ATIONS LI	LU					030996	
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LOG					_
In General: In space I, ident substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or a	authorizations	s. For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE					Carriage: Special
<ul> <li>During the accounting per broadcast by a distant state</li> </ul>		ır cable system	ı carry, on a substitute basi	s, any nonnet	twork tele		nm <b>⊠No</b>	Statement and Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	Yes," you mu	ıst comple	ete the progr	am	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ice, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE in was broad sign of the s adcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach addition nnetwork televion and that your or authorization at use general of BA Basketball: dcast live, ente station broadca on's location (thons, if any, the when your system a program carri- listed program ons in effect du	al pages. ision program (substitute pour cable system substitute) s. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute program was carried by your ged by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, of for the program instruction "basketball".  o."  m. station is licent station is identification is identification. Use table system.  5 p.m. to 6:2 mming that ye enter the letting instruction.	during the ramming on slocated List special sp	e accounting of another st d in the pape iffic program he FCC or, ir , with the mo mes accurat should be m was requir he listed pro	ation er onth ely	
					EN SUBS		7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		CARRIAGE OCCURRED  5. MONTH 6. TIMES			FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> </u>		
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030996 **CEQUEL COMMUNICATIONS LLC PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime 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 Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

	SAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name				
CE	EQUEL COMMUNICATIONS LLC		030996					
Ins all (as	ROSS RECEIPTS structions: The figure you give in this space determines the form you fle and the amoun amounts (gross receipts) paid to your cable system by subscribers for the system's secular identified in space E) during the accounting period. For a further explanation of how to ge (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	ondary transmiss	sion service	<b>K</b> Gross Receipts				
IM	during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amount of	<b>1,232,695.94</b> gross receipts)					
• Co • Co • If y fee • If y	YRIGHT ROYALTY FEE uctions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. our system did not carry any distant television stations, leave block 3 blank. Enter the at from block 1 on line 1 of block 4, and calculate the total royalty fee. our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.			Copyright Royalty Fee				
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below.	e entered on line	e 1 of					
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2	2 in block					
	eart 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho n block 4 below.	uld be entered o	on line					
Block 1	Block MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at							
	Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.							
	This is your minimum fee.	\$	13,115.88					
Block 2	space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  No—Leave block 3 below blank and columns.	mn 4, you must o	check					
Block	Line 1. <b>BASE RATE FEE:</b> 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	\$	15,276.18					
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	15,276.18					
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	\$	15,276.18	Cable systems				
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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.	r	0.00	submitting additional deposits under				
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. <b>FILING FEE</b>							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	16,001.18	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of t	he					

M Channels Instructions: You must give (1) the number of channels on which the cable system carried television booadcast stations to bis 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 channels on which the cable system carried television broadcast stations  3.47  Individual to be contacted for which the cable system carried television broadcast stations  N Individual to Bo Contacted for Further Information  No SARAH BOGUE  Telephone 903-579-3121  Note: SARAH BOGUE  Telephone 903-579-3121  Address 3015 S.E.L.OOP 323  TIVLER, TX 75701  ((%) two state, a))  Email SARAH BOGUE@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.  - I. the undersigned. hereby certify that (Check one, but only one, of the boxes)  ((Owner other than corporation or partnership) I am the daily auditorized agent of the cable system as identified in line 1 of space B; or  ((Others or partners) I am an officer (if a corporation or partnership) or a partner (if a pattership) of the legal entity identified as line 1 of space B; or  ((Others or partners) I am an officer (if a corporation or partnership) or a partnership or the daily auditorized agent of the cover of the cable system is line 1 of space B; or  ((Others or partners) I am an officer (if a corporation or partnership) or the legal entity identified as less than 101(1986))  X / st Michael Schreiber  Enter an electionic signature on the line above using an "his" signature to certify this statement. In the own of the cable system is not only one of the cable of the interview of the cable of the int	Name	LEGAL NAME OF OW	NER OF CABLE	SYSTEM:	SYSTEM ID#							
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 systems to that number of activated channels, during the accounting period.  1. Enter the total number of activated 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 on which the cable system carried television broadcast stations  3.47    Non-Principle	1401116	CEQUEL CON	MUNICATION	DNS LLC	030996							
Channels  1. Entire the total number of activated channels, during the accounting period.  1. Entire the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast startions.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast startions and nonbroadcast startions.  3.47    Name												
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 347    Notice	M		_									
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and norbroadcast services	Channels	to its subscribe	rs and (2) the	cable system's total number of activated channels, during the accounting period.								
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and northroadcast services.  Name SARAH BOGUE  Name SARAH BOGUE  Telephone 903-579-3121  Name SARAH BOGUE  Telephone 903-579-3121  Address 3015 S SE LOOP 323  TALER, TX 75701  (City term, situs, rep)  Email SARAH BOGUE  ACTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.  O Certification  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.  O (Certification of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the cuty subnotized agent of the owner of the cable system as identified in line 1 of space B; or (In the cable system and in line 1 of space B; or (In the cable system and in line 1 of space B; or (In the cable system and in line 1 of space B; or (In the cable system and the cable system as identified in line 1 of space B; or (In the cable system and the cable system as identified in line 1 of space B; or (In the cable system and the cable system as identified in line 1 of space B; or (In the cable system and the cable system as identified in line 1 of space B; or (In the cable system and the cable s					47							
N INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to Be Contacted about this statement of account.)  NINDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  Name SARAH BOGUE  Address 3015 S SE LOOP 323  Tourier size during tour partnership  TYLER, TX 75701  (Idy town state. 70)  Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.  I (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 owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (I) (Officer or partner) I am an officer (if a corporation) or a partnership; or  (I) (Officer or partner) I am an officer (if a corporation) or a partnership; or I (officer or partnership) I am the owner of the cable system as identified in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  I have examined the statement of account and hereby declare under penalty of law that all statements or fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  I have examined the statement of account and hereby declare under penalty of law that all statements or fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  I have examined the statement of account and hereby declare under penalty of law that all statements or fact contained herein are true. Completely in the count of the cable system in the tr		system carried	d television bi	oadcast stations								
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  Name SARAH BOGUE Telephone 903-579-3121  Address 3015 S SE LOOP 323  [Lumbor, when the rives on, quartered, or ade number)  TYLER, TX 75701  [City, town, state, rip)  Email SARAH BOGUE@ALTICEUSA.COM Fax (optional)  Certification  Lithe undersigned, hereby certify that (Check one, but only one, of the boxes.)  [Cowner 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 in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as owner of the cable system in line 1 of space B.  - I have examined the statement of account and hereby declare under paralty of law that all statements of fact contained herein are time, complise, and cornect to the best of my knowledge, information, and belief, and are made in good faith.  X /s/ Michael Schreiber  Enter an electronic signature on the line above using an '%' signature to certify this statement. (i.e., .N. John Krish). Before extering the first forward slain of the N. Signature, place your cursor in line to the first forward slain of the N. Signature, place your cursor in line box and press the '%'-2 fundion, then type for and your name. Pressing the '%'-2 fundion, then type for and your name. Pressing the "P-2 fundion, then type for and your name. MICHAEL SCHREIBER  Title: EVP, CHIEF CONTENT OFFICER  [Title: of difficial position field in coopposition or partnership).		2. Enter the total	al number of a	activated channels								
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to Be Contacted bout this statement of account.)  Name SARAH BOGUE  SARAH BOGUE  Address 3015 S SE LOOP 323  (Further, street, under Journal of Sauth Burnal of Sauth Bur			•		347							
Individual to Be Contacted for Further Information  Name  SARAH BOGUE  Telephone  SARAH BOGUE  TYLER, TX 75701  (CB), town, state, sup)  Email  SARAH BOGUE  SARAH BOGUE  SARAH BOGUE  TYLER, TX 75701  (CB), town, state, sup)  Email  SARAH BOGUE  SARAH BOGUE  Address  SARAH BOGUE  SARAH BOGUE  TYLER, TX 75701  (CB), town, state, sup)  Email  SARAH BOGUE  SARAH BOGUE  ALTICEUSA COM  Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.  - I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) or  (Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  - I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.   (ig. , /s/ John Smith). Before entering the first floward slash of the //s signature, piace your cursor in the box and press the 'F2' button, then pie s/s and your arms. Pressing the "P- button will avoid enabling Excerls Lotus compatibility settings.  Typed or printed name: MICHAEL SCHREIBER  Title: EVP, CHIEF CONTENT OFFICER  (Title of official position heid in copposition or partnership).		and nonbroad	cast services									
Individual to Be Contacted for Further Information  Address 3015 S E LOOP 323    Visition, steer, rulal rolls, spannents, or substrainties)   TYLER, TX 75701   Cifer, town, state, rulal rolls, spannents, or substrainties)   Email	N											
Address 3015.S SE LOOP 323  [Number, sheet, oran roots, spectreet, or suite number)  TYLER, TX 75701  [City, town, state, 2p)  Email SARAH.BOGUE.@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.  - 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  [Owner other than corporation or partnership] I am the owner of the cable system as identified in line 1 of space B; or  [Agent of owner other than corporation or partnership] I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  [Notificer or partners] 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.  - 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and cornect to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/ Michael Schreiber  Enter an electronic signature on the line above using an "so" signature to certify this statement. (e.g., s/s John Smith). Before entering the first floward state of the s/s signature, place your cursor in the box and press the "F2" button, then type s/s and your name. Pressing the F2" button will avoid enabling Excer's Lotus compatibility settings.  Typed or printed name: MICHAEL SCHREIBER	Individual to	we can contact	about tino ott	toman or doodan.								
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Date: February 18, 2018			Title:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC	030996	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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 17.  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the page 1843 form.	sic de sub- 19."	P Special Statement Concerning Gross Receipts
paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	sions	Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	yment.	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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
<ul> <li>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	• ,	
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 of filing.	riginal	
Owner Address		
First community served Accounting period ID number		

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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 the character and a contract of the contract of the party of	

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  $\varepsilon$  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 DSEs	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 CABI	LE SYSTEM:			S	STEM ID#						
I	CEQUEL COMMUNICA	TIONS LLC				030996						
	SUM OF DSEs OF CATEGO	RY "O" STATION	IS:									
	• Add the DSEs of each station.											
	Enter the sum here and in line 1 of part 5 of this schedule. 1.25											
2	Instructions:											
2	In the column headed "Call	Sign": list the cal	I signs of all distant stations	identified by t	he letter "O" in column 5							
Computation	of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network											
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						
	KDTN	0.250										
	KERA-CREATE	0.250										
	KERA-TV	0.250										
	KERA-WORLD	0.250										
Add rows as	KTEN	0.250										
necessary.												
Remember to copy												
all formula into new												
rows.												
		···										
		·· <del> </del>										
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l	l	<u></u>		ll	, J	l						

Name		CATEGORY LAC STATIONS: COMPUTATION OF DSES  LL 2. NUMBER OF HOURS OF HOURS CARRIAGE OF HOURS STATION VALUE						
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: List the Column 2: For figure should corn Column 3: For Column 4: D be carried out at Column 5: For give the type-value Column 6: M	ne call sign of all distander each station, give the respond with the informor each station, give the responding the figure in coluple as to the third decinor each independent supplements of the state of the figure in colupling the figure in colu	the number of hours mation given in spathe total number of I amn 2 by the figure nal point. This is the station, give the "typlumn 4 by the figure	your cable syster ce J. Calculate or nours that the stat in column 3, and g e "basis of carriag be-value" as "1.0."	m carried the sta ally one DSE for e- ion broadcast ov- give the result in e value" for the s For each netwo	ation during the accounting the accounting the air during the accounting the accounting the accounting the account for a column 4. The account of the accounting the accoun	counting period. This figure must ucational station,	
Capacity		С	ATEGORY LAG	STATIONS:	COMPUTATI	ION OF DSEs		This eriod. must station, in the he paper  6. DSE  = = = = = = = = = = = = = = = = = = =
	1. CALL SIGN	OF HOU CARRIE SYSTEM	JRS C ED BY S M C	F HOURS TATION N AIR	CARRIAG VALUE	GE VALU	JE	
			tant stations identified by "LAC" in column 5 of space G (page 3). the number of hours your cable system carried the station during the accounting period. This smallon given in space J. Calculate only one DSE for each station. It the total number of hours that the station broadcast over the air during the accounting period. It is the total number of hours that the station broadcast over the air during the accounting period. It is the total number of hours that the station broadcast over the air during the accounting period. It is that the station is the station is the station of the station products of the station. It station, give the "type-value" as "1.0." For each network or noncommercial educational station, column 4. This figure must immal point. This is the "basic of carriage value" for the station.  It station, give the "type-value" as "1.0." For each network or noncommercial educational station, column 4. By the figure in column 5, and give the result in column 6. Round to no less than the "type-value" as "1.0." For each network or noncommercial educational station, column 2 or For For more information on rounding. see page (viii) of the general instructions in the paper of					
								030996  in, aper  d. DSE  d. 3 form).  ER 4. DSE YS AR  = = = = = = = = = = = = = = = = = = =
			÷	=		x	=	
			÷	=	=	x	=	
				=	=		=	
	Add the DSEs of e	each station.		e,		0.0	D	030996  S. d
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect (     Broadcast one space I).     Column 2: For at your option. This Column 3: Ent Column 4: Divi	y your system in substion October 19, 1976 (a or more live, nonnetwore each station give the s figure should correster the number of days ide the figure in column	itution for a progran as shown by the let ork programs during number of live, nor spond with the infor in the calendar ye in 2 by the figure in	d in space I (page 5, the Log of Substitute Programs) if that station: a program that your system was permitted to delete under FCC rules and regular- by the letter "P" in column 7 of space I); and ms during that optional carriage (as shown by the word "Yes" in column 2 of  of live, nonnetwork programs carried in substitution for programs that were deleted in the information in space I. lendar year: 365, except in a leap year. e figure in column 3, and give the result in column 4. Round to no less than the third				
		SUI	BSTITUTE-BAS	SIS STATIONS	S: COMPUTA	ATION OF DSEs	T	T
	SIGN	OF	OF DAYS	4. DSE		OF	OF DAYS	his od. ust ation, the paper of third sA3 form).  MBER 4. DSE SEAR = = = = = = = = = = = = = = = = = = =
		÷		=			÷	=
		÷		=			÷	
		÷		=			÷	=
		÷		= =			÷	=
	Add the DSEs of e			e,		0.0	0	
5 Total Number of DSEs	number of DSEs ap	OF DSEs: Give the amoplicable to your system SEs from part 2 ● SEs from part 3 ●		s in parts 2, 3, and	4 of this schedul	e and add them to provid	1.25 0.00	
	3. Number of DS	SEs from part 4 ●				<u> </u>	0.00	m).  4. DSE
	TOTAL NUMBER O	OF DSEs					•	Deriod. This inting period. figure must itional station, ses than the ens in the paper.    6. DSE     6. DSE     1.0   1

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

LEGAL NAME OF C							S'	YSTEM ID#	
CEQUEL COM	IMUNICATION	S LLC						030996	Name
Instructions: Block A:		•							6
<ul> <li>If your answer if schedule.</li> </ul>	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			ELEVISION M	VDKET6				Computation of
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
l		schedule—[	OO NOT COM	PLETE THE REMA	AINDER OF I	PART 6 AND 7			
☐ No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 on ne 25, 1981. For fune letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursu. *F A station pre	ules and reguled pursuant to as defined that educations and station (76. or DSE schedant to individuationally carried JHF station w	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin vithin grade-B	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 the stitution of goods asis prior to June 2007.	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) irandfathered s	76.63(a) referring 6.61(e)(1 stations in the		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	e total number of								
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter si	um here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				x		carriage?  If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)	)		0.00	

Name									930996 030996	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	the DSE 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									
		PERMITT	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS										
										•••••
					••••					
					••••					
					••••				•••••	
					••••				•••••	
					••••					
<b>7</b> Computation of the	In block A: If your answer is	"Yes," comple	ete blocks B and C	,	ра	art 8 of the DSE sched	ule.			
Syndicated			BLOC	K A: MAJOR	ΤI	ELEVISION MARK	ET			
Exclusivity										
Surcharge	Is any portion of the or	cable system v	vithin a top 100 maj	or television mar	ke	t as defned by section 7	6.5 of FCC	rules in effect J	lune 24,	1981?
	Yes—Complete	blocks B and	IC.			X No—Proceed to	part 8			
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	npt DSE	3
	commercial VHF stati	ion that places				nity served by the cab	le system p			
				mitted DSE					ate permi	e., those  981  DERMITTED DSE  1981?  1981?
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN S	DSE
			-		plete part 8 of the DSE schedule.  OR TELEVISION MARKET  In market as defined by section 76.5 of FCC rules in effect June 24, 1981?  IN Deproceed to part 8  BLOCK C: Computation of Exempt DSEs  Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159)  Was any station below with its appropriate permitted DSE  CALL SIGN  DSE  CALL SI					
No—Enter zero and proceed to part 8.										
		B—Late-night programming: Carniage under ECC utels, sections 76.56(q(1)), 76.61(q(3)), or 76.63 (referring to 76.61(q(3)), or 76.63 (referring to 76.61(q(3)), or 76.63 (referring to 76.61(q(3))), or 76.63 (referring to 76.61(q(3)), or 76.63 (referring to 76.61(q(3))								
				-						
			-							
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 030996	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	00000	
Section		4 000 00 04	7
1 Section	Enter the amount of gross receipts from space K (page 7)	1,232,695.94	,
	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 defned by the FCC?  X Yes—Complete section 3 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 D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)		
	Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	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.   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 D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 030996
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here.  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.  \$\$\frac{1}{5}\$\$	
Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.  ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be in the image of	elow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.	25 38
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	94
	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,"	1.25
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1).  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.	.30_

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

	AME OF OWNER OF CABLE SYSTEM:  JEL COMMUNICATIONS LLC	SYSTEM ID# 030996	Name
	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts  (the amount in section 1)  **State Control of the Indian Control of the In		8
	B. Enter 0.00701 of gross receipts  (the amount in section 1)		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here		Duco Rato I co
	D. Enter 0.00330 of gross receipts  (the amount in section 1)  ▶ \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee.  Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$ \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca		
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	el line-ups in	9
receipts	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe s from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
	on, you must:		Base Rate Fee and
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a few subscriber group.	the number of	Syndicated Exclusivity Surcharge
_	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  If any portion of your cable system is located within the top 100 television market and the station is not exempt in	part 7 you must	for Partially
also co	many portion or your cable system is located within the top foo television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant state that community.	tion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were to the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups	ating the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	tem's subscriber	
	ry the communities/areas represented by each subscriber group.		
subscri	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a bers in the group.	l of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it	n parts 2, 3,	
2) any	f this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l 6 of this schedule.	olock B,	
• Add th	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 paper SA3 form.	instructions	
page.	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not ne	at is, the total	

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actual calculations on the form.

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030996 **CEQUEL COMMUNICATIONS LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						S	YSTEM ID# 030996	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC	SECOND	IBER GROUP SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA				COMMUNITY/ ARE	Α			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
								Otations
						<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	
COMMUNITY/ADEA	THIRD	SUBSCRIBER GROU	JP	COMMUNITY/ADE		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA				COMMUNITY/ ARE	Α			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			-	-				
				-				
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$	0.00	

В	OCK A							
				TE FEES FOR EAC				
001414444	FIRST	SUBSCRIBER GRO	UP	00141411117711177		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA				COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				of
								Base Rate F
		_						and
						-		Syndicated
								Exclusivity
						<del></del>		Surcharge for
	·				••••	-		Partially
								Distant
								Stations
		_				-		
						-		
			·					
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roun	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
oroso resolpto rinot e	Тоар	<u>*</u>		C1000110001pt0 0001	ona Group	<u>*</u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
_	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA				COMMUNITY/ ARE/	Α			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····	-	<u></u>	
						-		
		_						
						.		
			·					
Fotal DSEs			0.00	Total DSEs			0.00	
	Dun. 17:-	•			dh 0:	•	-	
Gross Receipts Third (	oroup	\$	0.00	Gross Receipts Four	πn Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u> </u>				

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CEQUEL COMMUNICATIONS LLC 030996 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 First Group . . . . . . . . . . . . . . . . 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 . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown