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 a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner.	ess of the cable syst	em	•					
	a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filling. If not, enter the system's ID	0,	by the Licensing Division.	380′					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Guam Cablevision, LLC								
	DOCOMO PACIFIC								
				380102017/					
				38010 2017/2					
	890 S. Marine Corps Tamuning, Guam 96913								
С	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syst	em unless these					
	names already appear in space B. In line 2, give the mailing address of	the system, if diff	erent from the address give	n in space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	munity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	t Tumon Guam								
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
	Alliance	MD	В	2					
	Gering	MD	В	3					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
			38010							
Guam Cablevision, LLC			30010							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.										
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.										
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially 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#							
Tumon	Guam			First						
				Community						
				See instructions for						
				additional information						
				on alphabetization.						
				Add rows as necessary.						
				Add Tows as necessary.						
			•							

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Guam Cablevision, LLC

38010

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				
CATECORY OF CERVICE	NO. OF		RATE		CATECORY OF SERVICE	NO. OF	RATE	
CATEGORY OF SERVICE	SUBSCRIBERS		KAIL	Н	CATEGORY OF SERVICE	SUBSCRIBERS	RAIE	
Residential:								
Service to first set	16,774	\$	14.96					
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel		Ţ						
Commercial								
Converter								
Residential								
Non-residential								
	I			1 ľ		1	T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE CATEGORY OF SERVICE RA			CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 14.96	Motel, hotel		
 Pay cable—add'l channel 		Commercial		
Fire protection		Pay cable		
•Burglar protection		 Pay cable-add'l channel 		
Installation: Residential		Fire protection		
First set	\$ 49.99	Burglar protection		
 Additional set(s) 		Other services:		
 FM radio (if separate rate) 		Reconnect	\$ 45.99	
Converter		Disconnect		
		Outlet relocation	\$ 49.99	
		 Move to new address 	\$ 19.99	

LEGAL NAME OF OWN	IFR OF CABLE S	YSTEM:			SYSTEM ID#	!			
	Guam Cablevision, LLC 38010								
PRIMARY TRANSMITTE	RS: TELEVISION	DN NC							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: 1 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. 1 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "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 whic									
Note: If you are utilizing	g multiple chai	• •	•	•	channel line-up.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	-			
KUAM	8	N	No	,	Agana, Guam				
KUAM-DT2	20	N	No		Agana, Guam	See instructions for			
KGTF	12	E	No		Agana, Guam	additional information on alphabetization.			
KTGM	14	N	No		Tamuning, Guam	on alphabetization.			
KEQI-LP	22	I	No		Dededo, Guam				
KTKB-LD									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 38010 **Guam Cablevision, 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). AM or FM CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION N/A

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2017/2
LEGAL NAME OF OWNER OF		EM:				S	SYSTEM ID#	Name
Guam Cablevision, LL	<u> </u>						38010	Nume
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG					
In General: In space I, identi substitute basis during the ad explanation of the programm	ccounting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or aut	horizátions. I	For a further	Substitute
1. SPECIAL STATEMENT				<u>J</u>				Carriage:
During the accounting per broadcast by a distant stat	iod, did you			s, any nonne	twork televis	ion program		Special 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	ust complete	the program	า	Program Log
log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS						
In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their	meaning is		
clear. If you need more spa					during the c			
period, was broadcast by a			ision program (substitute p ur cable system substituted				ion	
under certain FCC rules, re	gulations, o	r authorization	s. See page (vi) of the gene	eral instructio	ons located in	the paper		
SA3 form for futher informa titles, for example, "I Love L				"basketball".	List specific	program		
Column 2: If the program	n was broad	Icast live, ente	r "Yes." Otherwise enter "N					
			isting the substitute prograi ne community to which the		nsed by the	ECC or in		
the case of Mexican or Can	adian static	ns, if any, the	community with which the	station is iden	ntified).			
		when your sys	tem carried the substitute p	orogram. Use	numerals, v	ith the mon	th	
first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your o	able system.	List the time	es accurately	y	
to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sh	ould be		
stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	mming that v	our system v	vas required	1	
to delete under FCC rules a	and regulation	ons in effect du	iring the accounting period;	enter the let	ter "P" if the	listed pro		
gram was substituted for pr effect on October 19, 1976.		that your syste	em was permitted to delete	under FCC r	ules and reg	ulations in		
enection October 19, 1970.				T			1	
	LIDOTITLIT	E DDOODAM			EN SUBSTI		7. REASON	
	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCCU	JRRED IMES	FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -		DELETION	
					_	_		
					_	_		
					_	_		
					_	_		
	 							
	 							
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						_		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 38010 **Guam Cablevision, 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 N/A

	IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	am Cablevision, LLC	38010	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)								
IIVIF	ORTANT. Tou must complete a statement in space in concerning gross receipts.	(Amount of gross receipts)						
 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line 1 of						
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.	entered on line 2 in block						
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	e is 1.064 percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 1,505,589.36						
	Enter the result here. This is your minimum fee.	\$ 16,019.47						
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 colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete the DSE schedule.	mn 4, you must check						
Block	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	\$ -						
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00						
	Line 3. Add lines 1 and 2 and enter here	\$ -						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 16,019.47	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	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. FILING FEE							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 16,744.47	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	(See page (i) of the	Zaditional 1000.					

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Guam Cablevision, LLC	38010							
	CHANNELS								
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	stations							
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels									
	Enter the total number of channels on which the cable system carried television broadcast stations	7							
	System carried television broadcast stations								
	2. Enter the total number of activated channels								
	on which the cable system carried television broadcast stations	110							
	and nonbroadcast services								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
Be Contacted for Further	Name Sean Miles Telephone +	1 671 688 2355							
Information	Name Gean wines								
	Address 890 S. Marine Corps Drive (Number, street, rural route, apartment, or suite number)								
	Tamuning, Guam 96913								
	(City, town, state, zip)								
	Email smiles@docomopacific.com Fax (optional)								
	CERTIFICATION (This statement of several transitions of the several transit	letiene							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulation)	idilons.							
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B.	ner of the cable system							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact containe 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)]	d herein							
	X								
	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 "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus								
	Typed or printed name:	p 5							
	Title: (Title of official position held in corporation or partnership) Date:								

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U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name					
Guam Cablevision, LLC 38010	ranio					
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 pager \$A3 form.						
paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q					
Line 1 Enter the amount of late payment or underpayment	Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here						
xdays						
Line 3 Multiply line 2 by the number of days late and enter the sum here						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)						
(interest charge)						
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.						
Owner Address 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.

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

	OWNER OF CABLE	SYSTEM:					S	YSTEM ID#	Name
Guam Cablev	rision, LLC							38010	Tumo
In block A: • If your answer i schedule.	ock A must be com f "Yes," leave the r f "No," complete bl	emainder of p	·	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
	·		BLOCK A: 1	TELEVISION M.	ARKETS				Computation of 3.75 Fee
effect on June 24 X Yes—Cor	em located wholly of 1, 1981? mplete part 8 of the aplete blocks B and	schedule—[•					gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: Ti	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC n A Stations carri 76.61(b)(c)] B Specialty stat C Noncomeric D Grandfathere instructions fe E Carried pursu *F A station pre	ules and reguled pursuant to as defined call education (76. or DSE sched ant to individuation with the color of the call education of the call education with the call education with the call education of the call educati	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-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 6.57, 76.59(b) (e)(1), 76.63(a) referring the batterian of governments of the state of the	n June 24, 198 a), 76.61(b)(c), a) referring to 7 g to 76.61(d) irandfathered 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	
						1		0.00	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter th	e total number of								
Line 2: Enter th	e sum of permitte	ed DSEs from	m block B ab	ove			-		
	t line 2 from line f leave lines 4–7 t			•		rate.			
Line 4: Enter gr	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply	line 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter to	tal number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00	

Name	LEGAL NAME OF OWN		SYSTEM:						S	YSTEM ID#		
	Guam Cablevis	sion, LLC								38010		
Worksheet for Computating the DSE Schedule for Permitted 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											
		PERMITT	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS				
	1. CALL	2. PRI		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED		
	SIGN	DSE	P	ERIOD		CARRIAGE	[OSE		DSE		
					••••							
					••••							
					••••							
7 Computation	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.											
of the	ii your answer is	ino, leave b			•							
Syndicated Exclusivity			BLOC	K A: MAJOR	11	ELEVISION MARK	<u>EI</u>					
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	une 24,	1981?		
-	Yes—Complete	blocks B and	IC.			X No—Proceed to	part 8					
	BLOCK B: Carriage of VHF/Grade B Contour Stations BLOCK C: Computation of Exempt								pt DSE	3		
		block B of part 7 carried in any commu- system prior to March 31, 1972? (refe 59)										
	Yes—List each s X No—Enter zero a		th its appropriate per part 8.		Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.							
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE		
							 					
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Guam Cablevision, LLC 3:	M ID# 8010	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	9.36	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Exclusivity Surcharge
• Is any	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? \(\text{\fix} \) No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE		
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Guam Cablevision, LLC									
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\								
8 Computation of Base Rate Fee	• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B believes									
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did v	rour cable system retransmit the signals of any partially distant television stations during the accounting period?								
	Yes—Complete part 9 of this schedule. No—Complete the 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)	.36_							
	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.)	0.00							
	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.	·							