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					
2/28/2018	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting		2017/2					
Period	-						
B Owner	rate	ructions:  Give the full legal name of the owner of the cable system. If the owner is title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the busin if there were different owners during the accounting period, only the owned is statement of account and royalty fee payment covering the entire accounted the conduction of the covering the entire accounted the covering that is the system's first filing. If not, enter the system's II.	ess of the cable syst er on the last day of counting perioa	em the accounting period should s			
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		Michigan Bell Telephone Company					
					6283220172		
					62832 2017/2		
		1010 N. St. Mary's Street, Room 13-59-B					
		San Antonio, TX 78215-2109					
	INIO	·	identify the bookings				
С		TRUCTIONS: In line 1, give any business or trade names used to nes already appear in space B. In line 2, give the mailing address or					
System		IDENTIFICATION OF CABLE SYSTEM:	,				
- Cystem	1	DENTI TO A TOTAL OF GABLE OF OTE III.					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					
	+						
D	Inst	ructions: For complete space D instructions, see page 1b. Identify	y only the frst comr	nunity served below and rel	ist on page 1b		
Area	with	all communities.					
Served	CITY OR TOWN STATE						
First		Detroit	MI				
Community	В	elow is a sample for reporting communities if you report multiple ch	annel line-ups in S	pace G.			
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#		
Sample	Alda	1	MD	Α	1		
		nnce	MD	В	2		
	Ger	ng	MD	В	3		

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

FORM SA3E. PAGE 1b.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Michigan Bell Telephone Company

SYSTEM ID#

62832

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in ECC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated.

**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.

Served

Area

**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#
Detroit	MI	AA	1
Addison Township	MI	AA	1
Algonac	MI	AA	2
Allen Park	MI	AA	1
Ann Arbor	MI	AA	1
Ann Arbor Township	MI	AA	1
Ash Township	MI	AA	2
Attica Township	MI	AA	1
Auburn Hills	MI	AA	1
Augusta Township	MI	AA	2
Barton Hills	MI	AA	1
Belleville	MI	AA	1
Berkley	MI	AA	1
Berlin Township	MI	AA	2
Beverly Hills	MI	AA	1
Bingham Farms	MI	AA	1
Birmingham	MI	AA	1
Bloomfield Hills	MI	AA	1
Bloomfield Township	MI	AA	1
Brandon Township	MI	AA	1
Brighton	MI	AA	1
Brighton Township	MI	AA	1
Brownstown Township	MI	AA	2
Bruce Township	MI	AA	1
Burtchville Township	MI	AA	2
Canton Township	MI	AA	1
Carleton	MI	AA	2
Center Line	MI	AA	1
Chesterfield Township	MI	AA	1
China Township	MI	AA	1
Clawson	MI	AA	1
Clay Township	MI	AA	2
Clinton Township	MI	AA	1
Clyde Township	MI	AA	1
Cohoctah Township	MI	AA	1
Commerce Township	MI	AA	1
Dearborn	MI	AA	1
Dearborn Heights	MI	AA	1
Deerfield Township	MI	AA	1
Dexter	MI	AA	1
Dexter Township	MI	AA	1
Dryden Township	MI	AA	

First Community

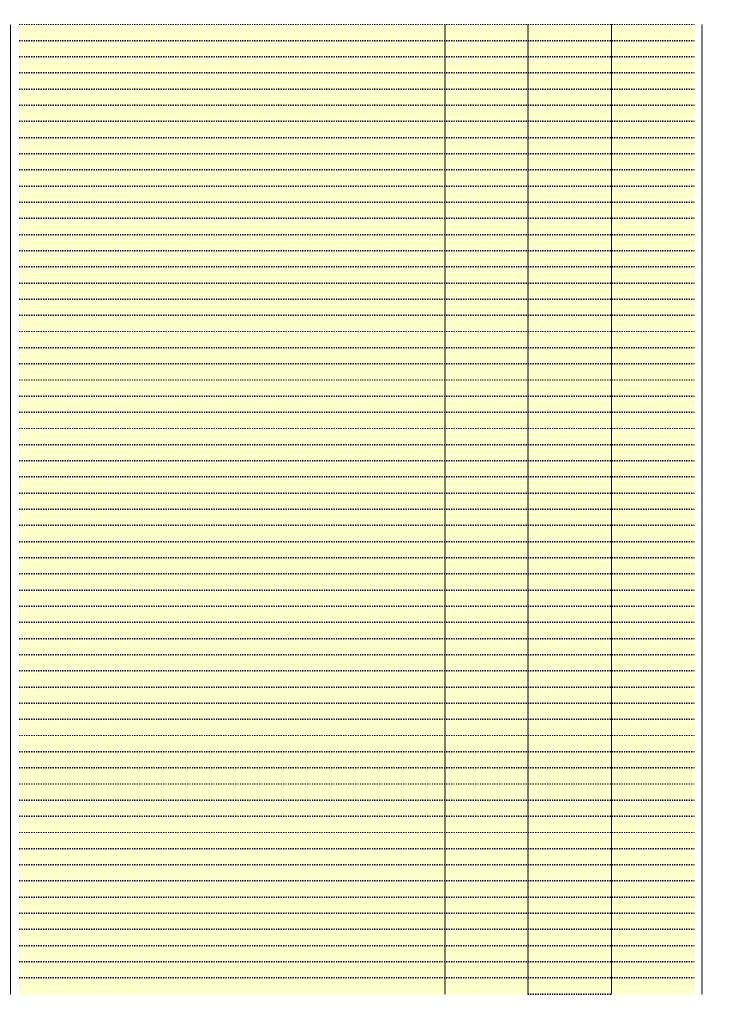
See instructions for additional information on alphabetization.

Fact Older Translation	841		
East China Township	MI	AA	2
Eastpointe	MI	AA	1
Ecorse	MI	AA	2
	1411	L	
Elba Township	MI	AA	1
Farmington Farmington Hills Ferndale	MI	AA	1
Formington Uillo	MI	AA	••••••
rarmington milis			1
Ferndale	MI	AA	1
Flat Rock	MI	AA	2
I dt Noon			2
Fort Gratiot Township	MI	AA	2
Franklin	MI	AA	1
Fraser	MI		
rraser		AA	1
Frenchtown Township	MI	AA	2
Garden City	MI	AA	1
Genoa Township			
Genoa rownship	MI	AA	1
Gibraltar	MI	AA	2
	MI	AA	4
Green Oak Township			I
Grosse Ile Township	MI	AA	1
Grosse Pointe	MI	AA	1
Grosse Pointe Farms	MI	AA	1
Grosse Pointe Park	MI	AA	1
Grosse Pointe Shores	MI	AA	4
			I
Grosse Pointe Woods	MI	AA	1
Groveland Township	MI	AA	1
			I
Hadley Township	MI	AA	1
Hamburg Township	MI	AA	1
			1
Harper Woods	MI	AA	1
Harrison Township Hartland Township	MI	AA	1
Hartland Township	MI	AA	1
II I B I			
Hazel Park	MI	AA	1
Highland Park	MI	AA	1
Ually	MI	AA	1
Holly			I
Holly Township	MI	AA	1
Howell	MI	AA	1
Howell Township	MI	AA	1
Huntington Woods	MI	AA	1
	MI	AA	2
Huron Township			2
Independence Township	MI	AA	1
Inkster	MI	AA	1
Ira Township	MI	AA	2
Keego Harbor	MI	AA	1
Kimball Township	MI		2
		AA	
La Salle Township	MI	AA	2
Lake Angelus	MI	AA	1
			· · · · · · · · · · · · · · · · · · ·
Lake Orion	MI	AA	1
Lapeer	MI	AA	1
Lapeer Township	MI	AA	1
			<u> </u>
Lathrup Village	MI	AA	1
Lenox Township	MI	AA	1
			······································
Leonard	MI	AA	1
Lima Township	MI	AA	1
Lincoln Park	MI	AA	2
Livonia	MI	AA	1
Lodi Township	MI	AA	2
Lyon Tournahin			
Lyon Township	MI	AA	1
Macomb Township	MI	AA	1
Macomb Unincorporated County	MI	AA	1
macomo officorporated county			<u></u>
Madison Heights	MI	AA	1
Marion Township	MI	AA	1
Marysville	MI	AA	2
Mayfield Township	MI	AA	1
-		····	

Add rows as necessary.

Melvindale	MI	AA	1
		L	
Metamora Township	MI	AA	1
Milford Township	MI	AA	1
Monroe	MI	AA	2
Monroe Township	MI	AA	2
Mount Clemens	MI	AA	1
		AA	
New Baltimore	MI	AA	1
New Haven	MI	AA	1
Northfield Township Northville	MI	AA	1
Northville	MI	AA	1
Northville Township	MI	AA	1
NOTUTVINE TOWNSHIP		L	
Novi	MI	AA	1
Novi Township	MI	AA	1
Oak Park	MI	AA	1
Oakland Township	MI	AA	1
Oceola Township		AA	4
Oceola Township	MI	AA	1
Orchard Lake Village	MI	AA	1
Orion Township	MI	AA	1
Oxford	MI	AA	1
	MI	AA	4
Oxford Township		<b></b>	1
Pittsfield Township Pleasant Ridge	MI	AA	2
Pleasant Ridge	MI	AA	1
Plymouth	MI	AA	1
Plymouth Plymouth Township	MI	AA	1
Parties			
Pontiac	MI	AA	1
Port Huron	MI	AA	2
Port Huron Township Putnam Township	MI	AA	2
Putnam Townshin	MI	AA	1
Raisinville Township	MI	AA	· · · · · · · · · · · · · · · · · · ·
Raisiliville Township		L	2
Ray Township	MI	AA	1
Ray Township Redford Township	MI	AA	1
River Rouge	MI	AA	2
Riverview	MI	AA	2
	MI	AA	4
Rochester		<b></b>	
Rochester Hills	MI	AA	1
Romeo	MI	AA	1
Romulus	MI	AA	1
Rose Township	MI	AA	1
Roseville	MI	AA	1
Royal Oak	MI	AA	1
Royal Oak Township	MI	AA	1
Saint Clair	MI	AA	2
Saint Clair Shores	MI	AA	1
			1
Saint Clair Township	MI	AA	2
Salem Township	MI	AA	1
Scio Township	MI	AA	1
Shelby Township	MI	AA	1
South Lyon	MI	AA	1
			4
Southfield	MI	AA	1
Southfield Township	MI	AA	1
Southgate	MI	AA	2
Springfield Township	MI	AA	1
Sterling Heights	MI	AA	1
		<b></b>	1
Sumpter Township	MI	AA	2
Superior Township	MI	AA	1
Sylvan Lake	MI	AA	1
Taylor	MI	AA	1
Tronton		AA	
Trenton	MI		2
Troy	MI	AA	1
Utica	MI	AA	1
		•••••	

		7	
Van Buren Township Village Of Clarkston Walled Lake	MI	AA	1
Village Of Clarkston	MI	AA	1
Walled Lake	MI	AA	1
Warron	MI	AA	1
Warren Washington Township Washtenaw Unincorporated County Waterford Township Wayne			
wasnington i ownsnip	MI	AA	1
Washtenaw Unincorporated County	MI	AA	2
Waterford Township	MI	AA	1
Wayne	MI	AA	1
Wayno Unincorporated County		AA	<u>.</u>
Wateriord Township Wayne Wayne Unincorporated County West Bloomfield Township Westland	MI		
West Bloomfield Township	MI	AA	1
Westland White Lake Township	MI	AA	1
White Lake Township	MI	AA	1
Wiyam	MI	AA	1
Wixom Wolverine Lake		<b>.</b>	
Wolverine Lake	MI	AA	<u> </u> 1
Woodhayan	MI	AA	2
Wyandotte York Township	MI	AA	2
Vork Township	MI	AA	
TOIK TOWNSHIP			2
Ypsilanti	MI	AA	1
Ypsilanti Ypsilanti Township	MI	AA	1



Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Michigan Bell Telephone Company

SYSTEM ID#

### 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			BLOC	LOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential: • Service to first set	173,231	\$ 19.0	00	HD Tech Fee	142,812	\$ 10.00	
<ul> <li>Service to additional set(s)</li> </ul>				Set-Top Box	174,178	\$0-\$10	
<ul> <li>FM radio (if separate rate)</li> </ul>				Broadcast TV Surcharge	173,231	\$4.99-\$5.99	
Motel, hotel							
Commercial	947	\$ 20.0	10				
Converter							
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>							

### F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed. **Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a

brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel		Video on Demand	\$0-\$100
<ul> <li>Pay cable—add'l channel</li> </ul>	\$5-\$199	Commercial		Service Activation Fee	\$0-\$35
<ul> <li>Fire protection</li> </ul>		Pay cable		Credit Management Fee	\$0-\$449
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		Dispatch on Demand	\$149
Installation: Residential		Fire protection		Wireless Receiver	\$10-\$49
<ul> <li>First set</li> </ul>	\$0-\$199	Burglar protection		HD Premium Tier	\$7
<ul> <li>Additional set(s)</li> </ul>		Other services:		DVR Upgrade Fee	\$50-\$105
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$0-\$35		
<ul> <li>Converter</li> </ul>		Disconnect			
		Outlet relocation	\$0-\$55		
		<ul> <li>Move to new address</li> </ul>			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Michigan Bell Telephone Company 62832 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER **STATION** (If Distant) **CBET/CBETHD** 9/1009 Windsor, Ontario ı No WADL/WADLHD 38/1038 No Mount Clemens, MI See instructions for additional information 28/1028 WCMZ/WCMZHD Ε Yes Flint, MI 0 on alphabetization. Ν WDIV/WDIVHD 4/1004 No Detroit, MI WJBK/WJBKHD 2/1002 1 No Detroit, MI WKBD/WKBDHD 50/1050 ı No Detroit, MI WMYD/WMYDHD 20/1020 Detroit, MI No WPXD/WPXDHD 31/1031 ı No Ann Arbor, MI WTVS/WTVSHD Ε Detroit, MI 56/1056 No WWJ/WWJHD Ν 62/1062 No Detroit, MI WXYZ/WXYZHD 7/1007 Ν No Detroit, MI

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYST	EM ID#	Name	
Michigan Bell 1	Telephone C	ompany				62832		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
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 orgams [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as vectorable with a station according to its over-the-air designation. For example, report multicast stream as vectorable with a station according to its over-the-air designation. For example, were the-air in its community of license. For example, wRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "								
Note: If you are utilizing	ig multiple chai		·		спаппетше-ир.			
	1	CHANN	EL LINE-UP	AB				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
	l	l						
	<u> </u>							
	<u> </u>				 			
	<u> </u>							
	<u> </u>							
	<u> </u>							

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62832 Michigan Bell Telephone Company 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						S	YSTEM ID#	Name
Michigan Bell Telepho	ne Compa	any					62832	Nume
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LOG					
In General: In space I, identi substitute basis during the ad explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or auth	orizations. F	or a further	Substitute
1. SPECIAL STATEMENT				<u> </u>				Carriage: Special
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.								
2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title 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 progran Column 3: Give the call: Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a gram was substituted for pr	titute progra ace, please a of every nor distant stati gulations, o tion. Do nor Lucy" or "NB n was broad sign of the s adcast statio adian statio atth and day we "5/7." es when the Example: a er "R" if the and regulatic ogramming	am on a separa attach additional anetwork televition and that your authorizational truse general of the action broadca by the action broadca on's location (the action broadca) are substitute production action of the action broadca of the action of the acti	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute program to community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period.	rogram) that, d for the progeral instructio "basketball".  o."  m. station is licenstation is idenorogram. Use cable system. 5 p.m. to 6:2 mming that ye enter the letters	during the acramming of a ns located in List specific nsed by the Fatified). numerals, with List the time 8:30 p.m. shour system were "P" if the list the li	counting nother stati the paper program  CCC or, in the mont is accurately ould be as required sted pro	th y	
effect on October 19, 1976.				WHE	EN SUBSTIT	UTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	FOR DELETION			
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО		
					_			
							·	
					_			
					_			
					_			
					_			
					_			
					_			
	<b></b>							

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62832 Michigan Bell Telephone Company 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

LEGA	L NAME OF OWNER OF CABLE SYSTEM: higan Bell Telephone Company		SYSTEM ID# 62832	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)									
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
bloc ► If pa 3 be ► If pa	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should lk 3 below.  rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.  rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be below.	entered on li	ine 2 in block						
	Block MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at								
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colu "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and of the state of	imn 4, you mi riod?	ust check						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	_\$	9,583.51						
	schedule. If none, enter zero  Line 3. Add lines 1 and 2 and enter here	\$	9,583.51						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet).	<b>\$</b>	0.00 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add lines 1, 2 and 3 of block 4 and enter total here.	<u>\$</u>	725.00	the Licensing additional fees. Division for the appropriate form for submitting the					
	Add Lines 1, 2 and 3 of block 4 and enter total here								

Name	LEGAL NAME OF OWNE	R OF CABLE	SYSTEM:					SYSTEM ID#	
Name	Michigan Bell T	elephone	Company					62832	
M Channels		_			-	m carried television broadcasuring the accounting period.	st stations		
	1. Enter the total i						22		
	system carried t	elevision bi	roadcast stations						
	2. Enter the total i	number of a	activated channel	ls					
	on which the cal	ole system	carried television	n broadcast statio	ns		691		
	and nonbroadca	st services							
N Individual to Be Contacted	INDIVIDUAL TO we can contact at				ION IS NEEDED: (Id	dentify an individual			
for Further	Name <b>Diane</b>	Belling	jer			Telephone	210-351-4805		
Information	Address 1010 (Number	N. St. M	ary's Street,	Room 13-59	-B				
			TX 78215						
	(City, tov	vn, state, zip)							
	Email	dg779	96@att.com			Fax (optional) 210-246	-8199		
	CERTIFICATION (	This statem	nent of account m	nust be certifed a	nd signed in accorda	ance with Copyright Office re	gulations.		
O Certifcation	• I, the undersigned	I, hereby ce	rtify that (Check o	one, but only one,	of the boxes.)				
	(Owner other t	han corpor	ation or partners	ship) I am the ow	ner of the cable syster	m as identifed in line 1 of spac	ce B; or		
					m the duly authorized or partnership; or	agent of the owner of the cab	le system as identified	d	
	(Officer or par in line 1 of s	•	an officer (if a corp	ooration) or a parti	ner (if a partnership) c	of the legal entity identifed as o	owner of the cable sys	stem	
		and correc	t to the best of my	-		at all statements of fact containd are made in good faith.	ned herein		
		X	/s/ Mike McC	Guire					
		(e.g., /s.	/ John Smith). Bef	fore entering the fi	st forward slash of the	ature to certify this statement. e /s/ signature, place your curso will avoid enabling Excel's Lote			
	Typed or printed name: Mike McGuire								
		Title:		sition held in corpora	nt – Billing Ope	rations			
		Date.	. 55.661, 20, 20	•					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Michigan Bell Telephone Company	62832	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 I lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system service and amounts collected from subscribers receiving secondary transmissions pursuant.  For more information on when to exclude these amounts, see the note on page (vii) of the general inspaper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners?  X NO	m for the basic nall not include subto section 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late paymen For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA		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	x 0.00274	
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 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 Copy please list below the owner, address, first community served, accounting period, and ID number as g filing.	•	
Owner Address		
First community served Accounting period ID number		

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

ACCOUNTING PERIOD: 2017/2

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

#### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

The 3.75 Fee. If a cable system located in whole or in part within  $\varepsilon$  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:

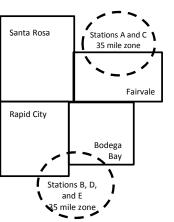
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

Ψ0,001.00								
First Subscriber Group		Second Subscriber Group		Third Subscriber Group				
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)				
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00			
DSEs	2.472	DSEs	1.083	DSEs	1.389			
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03			
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80			
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23			
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03			

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

**ACCOUNTING PERIOD: 2017/2** 

DSE SCHEDULE. PAG	SE 11. (CONTINUED)											
4	LEGAL NAME OF OWNER OF CAE	BLE SYSTEM:			S'	YSTEM ID#						
1	Michigan Bell Telepho	ne Company				62832						
	SUM OF DSEs OF CATEGO	ORY "O" STATION	IS:									
	Add the DSEs of each station											
	Enter the sum here and in line 1 of part 5 of this schedule.											
	Instructions:			-								
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the 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 or noncom-											
of DSEs for	mercial educational station, give the DSE as ".25."											
Category "O"			CATEGORY "O" STATION	NS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WCMZ/WCMZHD	0.250										
Add rows as												
necessary.												
Remember to copy all formula into new												
rows.												
TOWS.												
						{········						
						(						
		···										
		···				{						
						{						
						{						
						{						
		···				{						
1	L	L		ll	.d	l						

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
Name	Michigan Be	II Telephone Compa	iny					62832		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should of Column 3 Column 4 be carried out Column 5 give the type- Column 6	at the call sign of all distate: For each station, give to correspond with the information: For each station, give to include the figure in columntal least to the third decirit for each independent station.	he number of hour mation given in spa he total number of umn 2 by the figure mal point. This is the station, give the "ty lumn 4 by the figur	s your cable syste ace J. Calculate on hours that the stat in column 3, and e "basis of carriag pe-value" as "1.0." e in column 5, and	m carried the stanly one DSE for eight on broadcast ow give the result in the value" for the standard reach netwood give the result in the standard reach netwood give the result in the standard result in the standard result in the standard result in the result in the standard result in the standar	ation during the accou each station. ver the air during the a decimals in column 4 station. ork or noncommercial	accounting period.  This figure must educational station, ono less than the			
Capacity		C	ATEGORY LA	C STATIONS:	COMPUTAT	ION OF DSEs				
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	R 3. N JRS ( ED BY S M (	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TY SE VA	LUE	DSE		
					=	x				
			÷				=			
						x				
			÷				=			
						x				
			÷	:	=	x x	=			
	Add the DSEs	OF CATEGORY LAC S of each station. m here and in line 2 of p		le,		0.	.00			
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference broadcast of space I).     Column 2: at your option.     Column 3: Column 4: I	e the call sign of each start by your system in substant or on October 19, 1976 (ne or more live, nonnetwork). For each station give the This figure should correst enter the number of days Divide the figure in column of the station's DSE	itution for a prograi as shown by the le ork programs during number of live, no spond with the info s in the calendar ye nn 2 by the figure ir (For more informat	m that your systen tter "P" in column that optional carr nnetwork program mation in space I ar: 365, except in column 3, and gi ion on rounding, s	n was permitted to a various part of space I); and it is get (as shown by searried in substance) a leap year. We the result in one page (viii) of the page (viii) of	to delete under FCC r d v the word "Yes" in colu stitution for programs to olumn 4. Round to no the general instruction	rules and regular- mn 2 of that were deleted	form).		
						ATION OF DSEs				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAM	3. NUMBEI OF DAYS S IN YEAR	3		
							÷	=		
		÷		<u> </u>			<u> </u>			
		÷					÷	<del></del>		
		÷		=			÷	=		
	Add the DSEs	OF SUBSTITUTE-BAS of each station. m here and in line 3 of p		le,		0.	.00			
<b>5</b> Total Number of DSEs	number of DSEs  1. Number of  2. Number of	R OF DSEs: Give the ames applicable to your system  F DSEs from part 2   F DSEs from part 3   F DSEs from part 4   R OF DSEs		es in parts 2, 3, and	4 of this schedul	e and add them to pro	0.25 0.00 0.00	0.25		

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

LEGAL NAME OF O							S	YSTEM ID# 62832	Name
Instructions: Bloc In block A: If your answer if ' schedule.			part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if "	"No," complete blo								
				ELEVISION M					Computation of 3.75 Fee
	1981?	schedule—[	•	aller markets as de				gulations in	
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
	under FCC rules	and regulations  Body  B	ons prior to Jui dule. (Note: Th	part 2, 3, and 4 o ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	tion of permitt	ed stations, see t	he	
CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncommerio D Grandfathered instructions fo E Carried pursua *F A station pre	les and regued pursuant to on as defined all educations of station (76.0 or DSE sched ant to individuation with the station will be station wi	lations cited be to the FCC mand in 76.5(kk) (7 all station [76.565) (see paragule). Lall waiver of Fed on a part-ting grade-B of the footbase of the first state of	ne or substitute ba contour, [76.59(d)(	ose in effect of 76.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198 ), 76.61(b)(c), n) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring		
		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	
WCMZ/WCM		0.25	SIGN	BASIS		SIGN	BASIS		
								0.25	
_		D	1 OCK C: CO	MPUTATION O	E 2 75 EEE				
			LOCK C. CO	WIF OTATION OF	3.731 LL				
Line 1: Enter the							-		
Line 2: Enter the	sum of permitte	d DSEs fror	m block B abo	ove					
Line 3: Subtract I (If zero, le				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

	62832										
	1		I	ED)	S (CONTINU	ION MARKETS	A: TELEVIS	BLOCK	I I		
6	3. DSE	RMITTED BASIS		1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	
Computatio 3.75 Fee											
											••••
											•••
											•••
											•••
											•••
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											•

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Michigan Bell Telephone Company  62832												
	Wilchigan Bell I	relephone (	Joinpany							02032			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.  Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule  Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.									981 De enterei			
		PERMITTE	ED DSE FOR STA	TIONS CARRIE	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS					
	1. CALL	2. PRIC	OR 3. ACC	COUNTING		4. BASIS OF	5. PF	RESENT	6. P	ERMITTED			
	SIGN	DSE	Р	ERIOD		CARRIAGE		OSE		DSE			
_													
<b>7</b> Computation of the	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.												
Syndicated			BLOCI	K A: MAJOR	TE	LEVISION MARK	ET						
Exclusivity Surcharge	Is any portion of the or	cable system w	rithin a top 100 majo	or television mar	ket	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?			
	X Yes—Complete	blocks B and	C .			No—Proceed to	part 8						
	BLOCK B: C	arriage of VHF	Grade B Contour	Stations		BLOCK	C: Compu	ıtation of Exem	pt DSE	3			
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places			H	Was any station listed nity served by the cab to former FCC rule 76	le system p						
	Yes—List each s  No—Enter zero a		h its appropriate per part 8.	mitted DSE		Yes—List each st			ate permi	itted DSE			
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE			
								-					
		ļ											
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Michigan Bell Telephone Company	SYSTEM ID# 62832	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	53,313,934.14	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the 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 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the 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			SYSTEM ID#						
	l	Michigan Bell Telephone Company	62832						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$							
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$							
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge							
	<del> </del>								
0		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B;  however, if block A of pa	urt						
8		checked "Yes," use the total number of DSEs from part 5.							
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.							
of		ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo	ow.						
Base Rate Fee	blank								
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "loca	ıl						
	service	e area," see page (v) of the general instructions.							
		DI COMA CARRIAGE OF RARTIALLY DIOTANT OTATIONS							
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?								
	_	X Yes—Complete part 9 of this schedule. No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1								
		Enter the amount of gross receipts from space K (page 7)							
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"							
		use the total number of DSEs from part 5.).							
	Section								
	3	If the figure in section 2 is <b>4.000 or less</b> , 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)							
		(all difficult in 655de) 1/							
		C. Subtract 1.000 from total DSEs							
		(the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here	_						
		E. Add lines A, and D. This is your base rate fee. Enter here							
		and in block 3, line 1, space L (page 7)	0.00						
		Base Rate Fee							

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

	AME OF OWNER OF CABLE SYSTEM: gan Bell Telephone Company	SYSTEM ID# 62832	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts  (the amount in section 1)  **State		8
	B. Enter 0.00701 of gross receipts  (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts  (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee	0.00	
	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channed. G.	•	9
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fees from subscribers located within the station's local service area, from your system's total gross receipts. To take a con, you must:		Computation of
			Base Rate Fee and
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant t 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 fo	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.		for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in 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.		Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	<ul> <li>For each community served, determine the local service area of each wholly distant and each partially distant sta to that community.</li> </ul>	tion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lost the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the token, the station is distant to the subscriber.)		
subscr	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	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your systems.	tem's subscriber	
	fy the communities/areas represented by each subscriber group.		
Give subscr	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to albers in the group.	l of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it is	n parts 2, 3,	
2) any	of 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 t 6 of this schedule.	block B,	
• Add t	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 epaper SA3 form.	nstructions	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (th or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nea	at is, the total	

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

actual calculations on the form.

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62832 Michigan Bell Telephone Company 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 OWN						S	YSTEM ID#	Name
Michigan Bell Tel	ehuoue (						62832	
E				TE FEES FOR EACH				
001414111111111111111111111111111111111	FIRST	SUBSCRIBER GROU			SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OALL OION	DOL	OALL SIGN	DOL	WCMZ/WCMZHD	0.25	OALL GIOIN	DOL	Base Rate F
				-				and
								Syndicated
								Exclusivity
								Surcharge
	<u></u>	_			<b></b>			for
	<u></u>	_	·		<b>-</b>			Partially Distant
		_	<u> </u>		<b>.</b>			Stations
	···	-	•		<b>+</b>		····	Ottations
,		_			<b>1</b>			
			<u> </u>		<b></b>			
					<u> </u>			
Total DSEs			0.00	Total DSEs		-	0.25	
Gross Receipts First C	Group	\$ 49,711	,110.62	Gross Receipts Secon	d Group	\$ 3,60	02,823.52	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	d Group	\$	9,583.51	
	T				EQUIPTU.	0.1000000000000000000000000000000000000		
001414111111111111111111111111111111111	THIRD	SUBSCRIBER GROU			FOURTH	SUBSCRIBER GROU	)P	
COMMUNITY/ AREA 0				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-	<b></b>			
		_			<b></b>			
			·-		<b></b>			
		_						
		-			<b>.</b>			
					<b></b>			
					<b></b>			
Total DSCs		II	0.00	Total DSEs			0.00	
Total DSEs 0.00		Total DSEs		0.00				
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				<u>II</u>				
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes a	bove.	\$	9,583.51	
-inci nere and in bloc	к J, IIIIС I, I	space L (page /,				Ψ	3,303.31	

LEGAL NAME OF OWNE Michigan Bell Tele						S	YSTEM ID# 62832	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GROU				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN DSE CALL SIGN			DSE	CALL SIGN	DSE	Computation		
0,122 0.0.1	302	07.LL 0.0.1	202	0.120011	DSE	CALL SIGN	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
		-					<u></u>	Surcharge for
					···	-		Partially
								Distant
								Stations
						-		
						-		
							<u></u>	
							<u></u>	
Total DSEs	!	<del>'</del>	0.00	Total DSEs	*		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
·								
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
						-		
					<del></del>	-		
				·		-	<u> </u>	
		-						
Total DSEs	<u> </u>		0.00	Total DSEs		11	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
							<del></del>	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Michigan Bell Tel			<u>-</u>			SY	STEM ID# 62832	Name
В				TE FEES FOR EACH				<u> </u>
	FIRST	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<mark>.</mark>							and
						-		Syndicated
						<del> </del>		Exclusivity Surcharge
					···	-		for
								Partially
								Distant
	<mark></mark>				<u></u>			Stations
					<b></b>	+		
						H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 49,711	,110.62	Gross Receipts Secon	nd Group	\$ 3,60	2,823.52	
<b>Base Rate Fee</b> First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<del></del>			
	···				···	-		
	···				•••••••••••••••••••••••••••••••••••••••	<del>-</del>		
					<u></u>			
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				II				
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxes	above.	\$	0.00	

LEGAL NAME OF OWNE Michigan Bell Tele						S	YSTEM ID# 62832	Name
BL				TE FEES FOR EACH				
	FIFTH	SUBSCRIBER GRO		COMMUNITY		SUBSCRIBER GRO		9
COMMUNITY/ AREA 0				COMMUNITY/ AREA	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fee
			<u></u>					and
			<mark></mark>		<mark></mark>			Syndicated Exclusivity
					<del></del>	+		Surcharge
								for
			<u> </u>		<u></u>			Partially
		- -	<u></u>		<u>.</u>			Distant
					<del></del>			Stations
			<del></del>			<del> </del>		
		-						
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
S	SEVENTH	SUBSCRIBER GRO	UP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			<u> </u>		<u></u>		<u></u>	
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		-						
	<b></b>							
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
: Add th	e <b>base rat</b>			as shown in the boxes		\$		

**ACCOUNTING PERIOD: 2017/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Michigan Bell Telephone Company 62832 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

**ACCOUNTING PERIOD: 2017/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Michigan Bell Telephone Company 62832 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown