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				
	, all of the state				

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 Owner	Oive the full legal fiame of the owner of the cable system. If the owner is a substitute of the corporation, give the full corporation,									
	Michigan Bell Telephone Company	TOTEM								
				6302420172 63024 2017/2						
	1010 N. St. Mary's Street, Room 13-59-B San Antonio, TX 78215-2109									
С	INSTRUCTIONS: In line 1, give any business or trade nam names already appear in space B. In line 2, give the mailing									
System	1 IDENTIFICATION OF CABLE SYSTEM:	, aaa. 666 6. a. 6 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6	g							
	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 comm	nunity served below and rel	ist on page 1b						
Area	with all communities.									
Served First	- Control Control									
Community										
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda	MD	Α	1						
Sample	Alliance	MD	В	2						
	Gering	MD	В	3						

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

**ACCOUNTING PERIOD: 2017/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63024 Michigan Bell Telephone Company Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served 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# **Flint** ΜI AA First **Atlas Township** ΜI AA Community **Bangor Township (Bay County)** MΙ AA **Bay City** ΜI AA **Birch Run Township** MI AA 1 **Bridgeport Township** MI AA See instructions for **Buena Vista Township** MI AA additional information on alphabetization. 1 **Burton** MΙ AA **Clayton Township** ΜI AA MI Clio AA **Davison Township** ΜI AA **Essexville** MI AA **Fenton** MI AA **Fenton Township** ΜI AA Flint Township MΙ AA Flushing ΜI AA Flushing Township ΜI AA Frankenlust Township MI AA Genesee Township MI AA

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Saginaw

**Grand Blanc** 

**Grand Blanc Township** 

**INGERSOLL TOWNSHIP** 

Homer Township (Midland County)

**Hampton Township** 

James Township

Lee Township

**Mount Morris** 

Midland

**Lincoln Township** 

Midland Township

**Mundy Township** 

**Monitor Township** 

**Mount Morris Township** 

**Portsmouth Township** 

Richfield Township

**Saginaw Township** 

**Spaulding Township** 

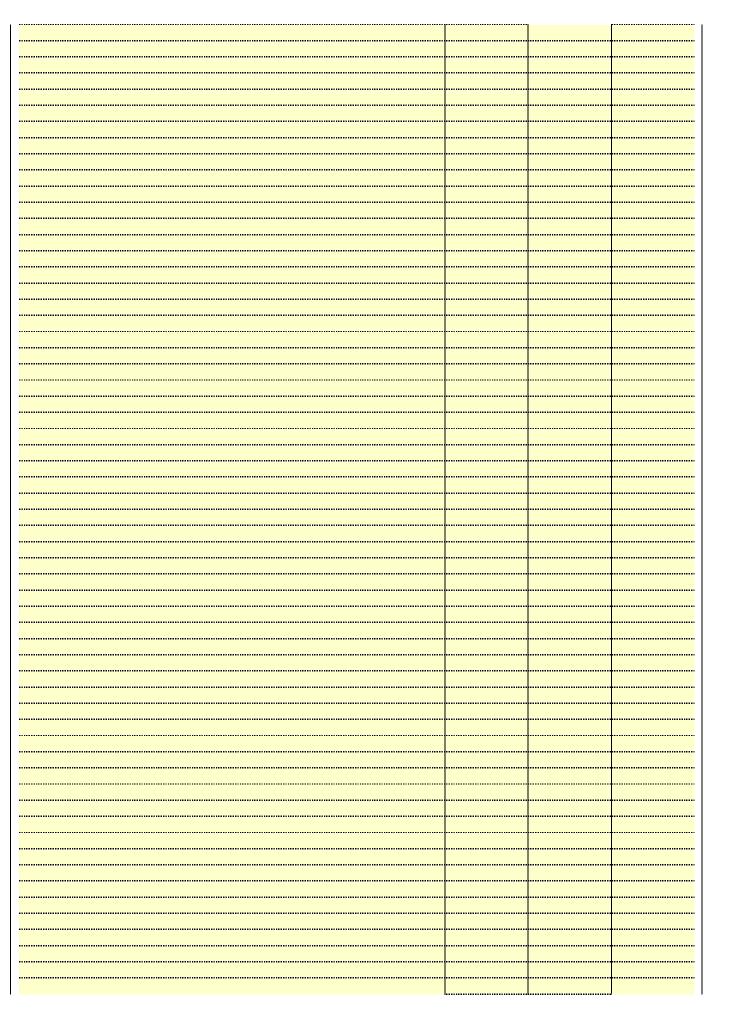
**Taymouth Township** 

**Kawkawlin Township** 

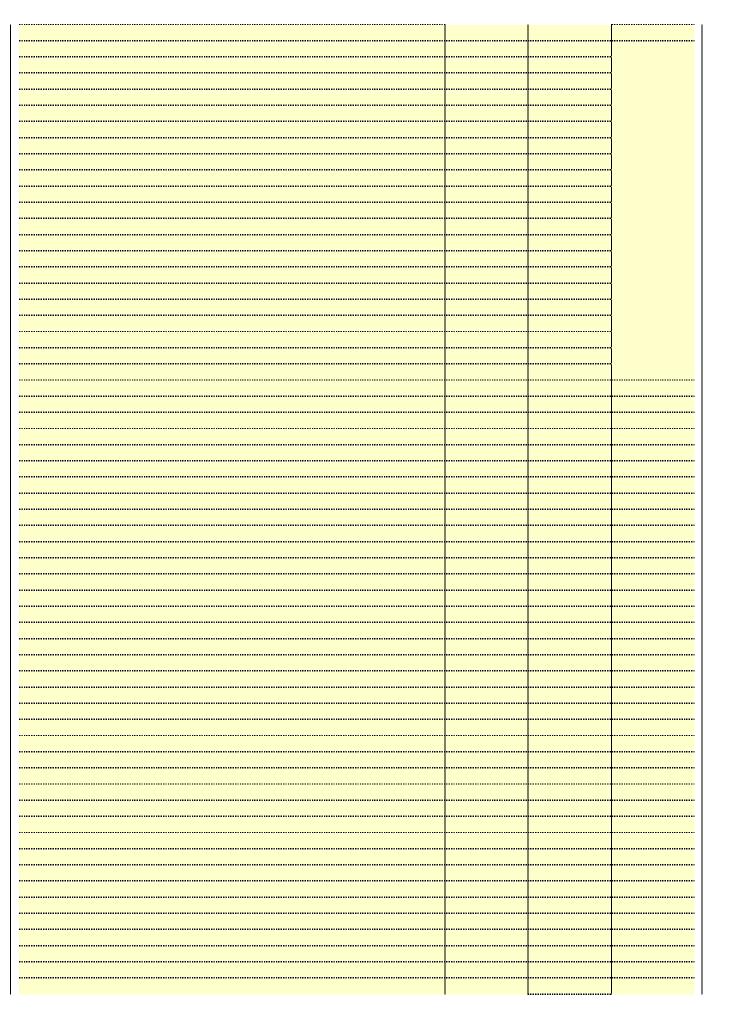
**Kochville Township** 

Larkin Township

hetford Township	MI	AA	4	
/ienna Township	MI	AA	11	
ilwaukee	MI	AA	1	
				Add rows as necessa



***************************************	 	



T		

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Michigan Bell Telephone Company

SYSTEM ID#
63024

### Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	
Residential:								
<ul> <li>Service to first set</li> </ul>	13,731	\$	19.00	HD Tech Fee	10,854	\$	10.00	
<ul> <li>Service to additional set(s)</li> </ul>		ļ		Set-Top Box	13,803	Ī	\$0-\$10	
<ul> <li>FM radio (if separate rate)</li> </ul>		ļ		Broadcast TV Surcharge	13,731	\$4.	99-\$5.99	
Motel, hotel		ļ						
Commercial	72	\$	20.00					
Converter								
<ul> <li>Residential</li> </ul>		<u> </u>				Ī	••••••	
<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.

BLOCK 1					
RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
	Installation: Non-residential				
	Motel, hotel		Video on Demand	\$0-\$100	
\$5-\$199	Commercial		Service Activation Fee	\$0-\$35	
	Pay cable		Credit Management Fee	\$0-\$449	
	<ul> <li>Pay cable-add'l channel</li> </ul>		Dispatch on Demand	\$149	
	Fire protection		Wireless Receiver	\$10-\$49	
\$0-\$199	Burglar protection		HD Premium Tier	\$7	
	Other services:		DVR Upgrade Fee	\$50-\$105	
	Reconnect	\$0-\$35			
	Disconnect				
	Outlet relocation	\$0-\$55			
	Move to new address				
	\$5-\$199	RATE CATEGORY OF SERVICE  Installation: Non-residential  • Motel, hotel  • Commercial  • Pay cable  • Pay cable-add'l channel  • Fire protection  • Burglar protection  Other services:  • Reconnect  • Disconnect  • Outlet relocation	RATE   CATEGORY OF SERVICE   RATE	RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE  Installation: Non-residential  • Motel, hotel  • Commercial  • Pay cable  • Pay cable-add'l channel  • Fire protection  • Burglar protection  Other services:  • Reconnect  • Outlet relocation  RATE CATEGORY OF SERVICE  RATE  CATEGORY OF SERVICE  Video on Demand  Service Activation Fee  Credit Management Fee  Dispatch on Demand  Wireless Receiver  HD Premium Tier  DVR Upgrade Fee  • Outlet relocation  \$0-\$35	

FURM SA3E. PAGE 3.					OVOTELLO	ıl		
Michigan Bell T					SYSTEM ID# 63024	Namo		
PRIMARY TRANSMITTE								
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during to lons in effect of 6.61(e)(2) and ( sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carring carring carriage of cert (1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television		
Dasis under specify 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).  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 6: If you have entered "Yes" in column 4, you must complete column 5, stating 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 or before June 30, 2009, between a cable system or an association represen								
Note: If you are utilizin	ig multiple cha	•	•	•	channel line-up.			
	<u> </u>	CHANN	EL LINE-UP	AA		_		
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			
WAQP	49	I	No		Saginaw, MI			
WBSF/WBSFHD	30/1030	l	No		Bay City, MI	See instructions for		
WCMU/WCMUHD	14/1014	E	Yes	0	Mount Pleasant, MI	additional information on alphabetization.		
WDCQ/WDCQHD	3/1035	Е	No		Bad Axe, MI	- On alphabetization.		
WEYI/WEYIHD	25/1025	N	No		Saginaw, MI			
WJRT/WJRTHD	12/1012	N	No		Flint, MI			
WNEM/WNEMHD	5/1005	N	No		Bay City, MI	_		
WSMH/WSMHHD	66/1066	ı	No		Flint, MI			
						_		
						_		
	<u> </u>					-		
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FORM SA3E. PAGE 3.						-1
LEGAL NAME OF OWN					SYSTEM ID:	Namo
Michigan Bell 1	Telephone C	ompany			63024	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76,59(d)(2) and (4),76,616(e)(2) and (4),0 r 76.63 (referring to 76.616(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  *List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETR-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 by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for						
Note: If you are utilizing	ig multiple char	•	•		channel line-up.	
	ı	CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63024 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 PE									PERIOD: 2017/2
LEGAL NAME OF OWNER OF Michigan Bell Telepho							S	YSTEM ID# 63024	Name
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									ı
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									Substitute Carriage:
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is '	Yes," you mu	ıst comple	ete the	program	l	Program Log
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system and regulations in									
S	UBSTITUT	E PROGRAM	1		EN SUBS			7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	0 711450		FOR DELETION		
						=			
						_			
						_			
						-=			
						_			

**ACCOUNTING PERIOD: 2017/2** FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63024 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# 63024	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.									
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	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.  rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be the control of the base rate fee should be the base rate fee should be the base rate fee should be the base rate fee.								
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered on lin	e					
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 fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064		064 percent of						
	Enter the result here. This is your minimum fee.	\$		44,834.08					
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 colun "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period yes—Complete the DSE schedule.  No—Leave block 3 below blank and column.	nn 4, y od?	ou must chec	k					
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	9,653.17					
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00					
	Line 3. Add lines 1 and 2 and enter here	\$		9,653.17					
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		\$	44,834.08	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.								
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)								
	Line 4. <b>FILING FEE</b>								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		45,559.08	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Significant descriptions) general instructions located in the paper SA3 form for more information.)	See pa	age (i) of the		additional 1665.				

Name	LEGAL NAME OF OWNER OF CABL	LE SYSTEM:	SYSTEM ID#								
Name	Michigan Bell Telephor	ne Company	63024								
	CHANNELS										
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Channala	to its subscribers and (2) the	he cable system's total number of activated channels, during the accounting period.									
Channels	Enter the total number of	of channels on which the cable									
		broadcast stations	. 15								
	Enter the total number of the cable system	of activated channels m carried television broadcast stations									
	-	es	608								
N	INDIVIDUAL TO BE CON	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual									
		we can contact about this statement of account.)									
Individual to Be Contacted											
for Further	Name <b>Diane Bellir</b>	nger Telephone	210-351-4805								
Information											
	Address 1010 N. St.	Mary's Street, Room 13-59-B al route, apartment, or suite number)									
	(Number, street, rur	al route, apartment, or suite number)									
	San Antonio										
	(City, town, state, zi	p)									
	Email dg7	796@att.com Fax (optional) 210-246	-8199								
	CERTIFICATION (This state	ement of account must be certifed and signed in accordance with Copyright Office re	egulations.								
0											
Certifcation	• I, the undersigned, hereby	certify that (Check one, but only one, of the boxes.)									
	(Owner other than corn	oration or partnership) I am the owner of the cable system as identifed in line 1 of spar	ne Ri or								
	(Owner other than corp	Graden of particismp) rum the owner of the cable system as identified in line 1 of spar	50 5, 01								
	(Agent of owner other t	han corporation or partnership) I am the duly authorized agent of the owner of the cal	ole system as identified								
	in line 1 of space B a	and that the owner is not a corporation or partnership; or									
	(Officer or partner) I an	n an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	owner of the cable system								
	in line 1 of space B.										
		ment of account and hereby declare under penalty of law that all statements of fact conta	ined herein								
	are true, complete, and corr	ect to the best of my knowledge, information, and belief, and are made in good faith.									
	[10 0.000]										
	X	/s/ Mike McGuire									
	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 curst button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot									
	FZ I	button, then type 151 and your name. Pressing the P button will avoid enabling excers Lot	us compatibility settings.								
	Туре	ed or printed name: Mike McGuire									
	Title:										
		(Title of official position held in corporation or partnership)									
	Data	· February 23, 2018									
Ì	Date	: February 23, 2018									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Michigan Bell Telephone Company	63024	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by 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 shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to  For more information on when to exclude these amounts, see the note on page (vii) of the general instrupance SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?  X NO	for the basic not include sub- section 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment of For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for	, •	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)	- terest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further as 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 Copyrig please list below the owner, address, first community served, accounting period, and ID number as give 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 the character and a contract of the contract of the party of	

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

The 3.75 Fee. If a cable system located in whole or in part within  $\varepsilon$  television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

### COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

#### COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
  major television market as defined by the FCC rules and regulations in
  effect on June 24, 1981. If no portion of the cable system is located ir
  a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

# COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
  - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
   the rates given above;
   the total number of DSEs for that group's complement of stations;
   and
   the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

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

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

### **EXAMPLE**:

### COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
)-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		φο,σο 1.σσ			
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	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	YSTEM ID#
1	Michigan Bell Telephon	e Company				63024
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line	RY "O" STATIO			0.25	
2 Computation of DSEs for	Instructions: In the column headed "Call of space G (page 3). In the column headed "DSE" mercial educational station, gi	": for each indep	endent station, give the DSI			
Category "O"	January State Control of the Control		CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WCMU/WCMUHD	0.250				
Add rows as						
necessary.						 
Remember to copy						
all formula into new						
rows.						
						<u> </u>
						<u> </u>
		<b></b>				 
						<u>                                     </u>
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						<u> </u> 
						<u> </u> 
						<u>                                     </u>
		-				

Name		III Telephone Compa	ny					63024
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista the call sign of all dista the call sign of all dista the correspond with the infontation. The cach station, give the column of the column of the cach independent signal of the c	the number of hours mation given in space total number of hourn 2 by the figure in the point. This is the station, give the "typ lumn 4 by the figure.	your cable system ce J. Calculate on ours that the stati n column 3, and g "basis of carriage e-value" as "1.0."	n carried the stati ly one DSE for ea on broadcast ove jive the result in c e value" for the st For each network give the result in	on during the accounting ach station. For the air during the accordecimals in column 4. The ation.  It is a column 6. Round to no	ounting period.  nis figure must  cational station,  less than the	
Capacity		C	ATEGORY LAC	STATIONS:	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. N JRS O ED BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAGI VALUE	5. TYPE		SE.
						x		
			÷	=		X	<u>=</u>	
			÷	=		x	=	
						x x		
							<u> </u>	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of page 1		e,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations and efferations are spaced in the spaced in th	e the call sign of each state by your system in substant on October 19, 1976 (one or more live, nonnetwork). For each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a program as shown by the lett ork programs during number of live, non spond with the inform in the calendar years to by the figure in	that your system rer "P" in column 7 that optional carris network programs nation in space I. ar: 365, except in a column 3, and giv	was permitted to 7 of space I); and age (as shown by the scarried in substitute a leap year. The the result in column	delete under FCC rules the word "Yes" in column 2 itution for programs that lumn 4. Round to no less	2 of were deleted s than the third	rm).
		SU	BSTITUTE-BAS	IS STATIONS	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		÷		=
		÷		=		÷		=
		÷		= =		÷		=
		÷		=		÷		=
	Add the DSEs	of SUBSTITUTE-BASI of each station. Im here and in line 3 of pa		9,	<b>&gt;</b>	0.00	]	
<b>5</b> Total Number of DSEs	number of DSE:  1. Number o  2. Number o	ER OF DSEs: Give the am s applicable to your systen f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●		s in parts 2, 3, and	4 of this schedule	and add them to provide	0.25 0.00 0.00	
	TOTAL NUMBE	R OF DSEs						0.25

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

LEGAL NAME OF O							S	YSTEM ID# 63024	Name
Instructions: Bloc In block A:									C
<ul> <li>If your answer if ' schedule.</li> </ul>	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if '	"No," complete blo			ELEVISION M	ARKETS				Computation of
Is the cable system	n located wholly o					ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24,		achadula F		DLETE THE DEM		DADT 6 AND 7			
	lete blocks B and		JO NOT COM	PLETE THE REMA	AINDER OF F	ARI O AND I			
<u> </u>			N. D. OADD	LAGE OF BEDI	MITTED DO	NE -			
Column 1:	List the call signs			part 2, 3, and 4 or			tem was nermitte	d to carry	
CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Jui dule. (Note: Th	ne 25, 1981. For fonde letter M below r	urther explana	tion of permitt	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	ules and regu ed pursuant t	lations cited be to the FCC ma	usis on which you on the pertain to the pertain	ose in effect or 76.57, 76.59(b	n June 24, 198 ), 76.61(b)(c),	76.63(a) referring	j tc	
	D Grandfathered instructions for E Carried pursua	d station (76.0 or DSE sched ant to individu	65) (see parag lule). ual waiver of F	, ,	bstitution of g	randfathered s	stations in the		
	•	JHF station w	∕ithin grade-B o	ne or substitute ba contour, [76.59(d)( eam.	•		erring to 76.61(e)	(5)	
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	
WCMU/WCI	С	0.25					<u> </u>		
			1						
								0.25	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			•		
Line 2: Enter the	sum of permitte	ed DSEs fror	m block B abo	ove			<del>-</del>		
Line 3: Subtract (If zero, le				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	ı 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	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Michigan Bell Telephone Company  63024											
		BLOCK	A: TELEVIS	ION MARKETS	S (CONTIN	UED)	1				
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6		
									Computation of 3.75 Fee		
								•••••			
								•••••			
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Name	LEGAL NAME OF OWN								S	YSTEM ID#	
Name	Michigan Bell T	elephone	Company							63024	ļ
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried price Column 1: List the column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FC A—Part-time spin 76.59(B—Late-night price 76.61(S—Substitute case general Column 5: Indicate Column 6: Compare in block	or to June 25, call sign for eat the DSE for the DSE for the basis of CCC rules and ecialty progra (d)(1),76.61(e rogramming: ((e)(3)). arriage under all instructions the station's Ie the DSE figures B, column 3 of information you	1981, under former ach distant station his station for a sing period and year arriage on which tregulations cited by mming: Carriage, (1), or 76.63 (refectoriage under FC certain FCC rules, in the paper SA3 DSE for the current ures listed in column of part 6 for this state under columns.	er FCC rules govidentifed by the igle accounting in which the car he station was celow pertain to on a part-time brring to 76.61(e C rules, section regulations, or form.  the station was counting per in a part-time brring to 76.61(e) and 5	ver let pe rria carri asi )(1 s 7 au lis	entifed by the letter "F" rning part-time and subtter "F" in column 2 of priod, occurring between age and DSE occurred ried by listing one of the ose in effect on June 24 is, of specialty program )).  76.59(d)(3), 76.61(e)(3) thorizations. For further days as computed in parts at the smaller of the two one accurate and is subject to the subspecial part of the subspecial parts and the smaller of the two one accurate and is subject to the smaller of the subspecial parts and the smaller of the two one accurate and is subject to the smaller of the subspecial parts are subspecial parts.	estitute carricant 6 of the n January 1 (e.g., 1981) e following 4, 1981. Inming under care explanation 2, 3, and 4 of figures her	age. DSE schedule, 1978 and Jur 1) letters  r FCC rules, se referring to on, see page (v of this schedu	ene 30, 19 ections  vi) of the should be	e entered	
		PERMITT	FD DSF FOR STA	ATIONS CARRI	FD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED	_
	SIGN	DSE	F	PERIOD		CARRIAGE	[	DSE		DSE	
					••••						•••
7 Computation of the	,	"Yes," comple	ete blocks B and C locks B and C blar	k and complete	_	art 8 of the DSE sched					
Syndicated			BLOC	K A: MAJOR	TI	ELEVISION MARK	ET				
Exclusivity Surcharge	• Is any portion of the	rahla evetam v	vithin a ton 100 ma	or television ma	·ko	t as defned by section 7	'6 5 of ECC	rules in effect l	una 24	10812	
outcharge	X Yes—Complete	•		or television mai	ΝC	No—Proceed to		idies iii eliect s	une 24,	1301:	
	Tes—Complete	DIOCKS D and	10.			No—Proceed to	parto				
	BLOCK B: Ca	arriage of VHI	F/Grade B Contou	r Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	<b>;</b>	
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places ble system?	s a grade B contou	ır, in whole		Was any station listed nity served by the cab to former FCC rule 76	le system p .159)	orior to March 3	31, 1972	? (refe	
	X No—Enter zero a		th its appropriate pe part 8.	milled DSE		Yes—List each st  No—Enter zero a			ate permi	lied DSL	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
			-								
				<u></u>			<b></b>				
			-								
							<u> </u>				
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Michigan Bell Telephone Company	SYSTEM ID# 63024	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,213,728.91	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 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?      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 Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 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		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	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 Dis 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			EM ID#
		Michigan Bell Telephone Company	63024
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated 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	].
		ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.	
0		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
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 "local e area," see page (v) of the general instructions.	
	SCIVIOC	s died, see page (v) of the general mondedions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		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	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section	doe the total number of Bolls from part o.j.	
	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)	
		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	<u></u> .

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

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYST	TEM ID# Name
Michi	gan Bell Telephone Company	63024 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	8
	(the amount in section 1) <b>\$</b>	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) <b>\rightarrow</b> \$	of Base Rate Fee
	C. Multiply line B by 3.000 and enter here <b>&gt;</b>	base Nate 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
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signal be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-up. G.	
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exc	
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantag on, you must:	ge of this of Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the sa	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the nur	mber of Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each g r: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, y	
	empute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. He cable system is wholly located outside all major television markets, complete block A only.	owever, Distant Stations, and
	oldentify a Subscriber Group for Partially Distant Stations	for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
Step 2	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
	e the station's local service area. A subscriber located outside the local service area of a station is distant to that station (ar ne token, the station is distant to the subscriber.)	nd, by
-	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cat will have only one subscriber group when the distant stations it carried have local service areas that coincide.	ole
•	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's su	ubscriber
groups In each	section:	
	fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ibers in the group.	
• If:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts of this schedule; or,	2, 3,
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	alate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruction paper SA3 form.	ons
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 precedi In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to sha	e 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 63024 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 OWNER Michigan Bell Tele						S	43024	Name
BL	.OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WCMU/WCMUHD	0.25							Base Rate Fee
								and
								Syndicated
			ļ	-		<u> </u>		Exclusivity
						<u> </u>		Surcharge for
						<del>-                                     </del>		Partially
								Distant
								Stations
Total DSEs			0.25	Total DSEs		11	0.00	
Gross Receipts First Gr	OUD	\$ 3,629	010.75	Gross Receipts Seco	and Group	\$ 5	84,718.16	
Cross receipts i list Cr	oup	<u>* 0,020</u>	010.70	Oross Neccipis occi	эна Огоар	<del>*</del>	04,7 10.10	
Base Rate Fee First Gr	oup	\$ 9,	653.17	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	P			SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-		<del> </del>		
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes	above.	\$	9,653.17	

Name	63024	S						LEGAL NAME OF OWNE  Michigan Bell Tele	
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (	В	
9	JP	SUBSCRIBER GROU	SIXTH		JP	SUBSCRIBER GRO	FIFTH		
Computati	0			COMMUNITY/ AREA	<b>0</b> CO		MMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndicate									
Exclusivi					<u>.</u>				
Surcharg for									
Partially	····	-	·		·				
Distant		_				-			
Stations									
						-			
							<mark></mark>		
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
		\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	;	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		_							
					<u>.</u>				
					<b></b>	-			
		<b>-</b>							
		_	<u>-</u>						
	••••								
		L	<mark> </mark>			J			
						-			
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	n Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group		
	_	\$	n Group			\$	Group	otal DSEs	

Michigan Bell Te	lephone (	Company					63024	Name
				TE FEES FOR EA				
201414		SUBSCRIBER GRO		001414111111111111111111111111111111111		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
						-		Syndicat
		H				-		Exclusiv Surchar
	•••••	-	••••			-		for
								Partiall
								Distan
								Station
		<u> </u>						
	·····	<del> </del>				-		
		H				<u> </u>		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$ 3,62	9,010.75	Gross Receipts Sec	ond Group	\$ 5	84,718.16	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		H				<del> </del>		
	••••	<del> </del>						
						-		
						-		
	·····	<del> </del>				-		
		-						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	r				F			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
						1		
ase Rate Fee: Add	the base ra	te fees for each sub-	scriber aroun	as shown in the hove	es above			

4 Name								
4	ID	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GRO		В
9	<u>0</u>	SOBSCRIBER GROC	σιλιπ	COMMUNITY/ AREA	<u>0</u>	OUDGOINDER GRO	ITIN	COMMUNITY/ AREA
Computat								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I		-						
and		-						
Syndicate Exclusivi	<u></u>						···	
Surcharg		-					···	
for	····	-					···	
Partially								
Distant								
Stations								
		-						
		1					<u> </u>	
		<u>                                     </u>						
	0.00		-	Total DSEs	0.00		<del></del>	otal DSEs
-			1 0		0.00			
-	0.00	\$	a Group	Gross Receipts Secor	0.00	\$	-roup	iross Receipis First G
-   ]	0.00	\$	a Group	Gross Receipts Secon		4	-roup	iloss Receipts Filst G
	0.00	\$		Base Rate Fee Secon	0.00	\$		
- ] 	0.00		d Group		0.00		Group	Base Rate Fee First G
	0.00	\$	d Group		0.00	\$	Group	Base Rate Fee First G
- ] = - -	0.00	\$	d Group	Base Rate Fee Secon	<b>0.00</b>	\$	Group	ase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	<b>0.00</b>	\$	Group	Base Rate Fee First G
- ] ] = 	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Sase Rate Fee First G
- ] = - - - -	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	ase Rate Fee First G
-	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Sase Rate Fee First G
- ] = 	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Sase Rate Fee First G
	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Sase Rate Fee First G
	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	ase Rate Fee First G
	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Sase Rate Fee First G
	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Sase Rate Fee First G
	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First G
	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First G
	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First G
	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First G
	0.00 UP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Sase Rate Fee First G
	0.00  UP  O  DSE	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN	0.00  JP  O  DSE	\$ SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00  UP  0  DSE  0.00	SUBSCRIBER GROU	DSE	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  JP	SUBSCRIBER GROUND CALL SIGN	SEVENTH	CALL SIGN  Cotal DSEs
	0.00  UP  O  DSE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN	0.00  JP  O  DSE	\$ SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
	0.00  UP  0  DSE  0.00	SUBSCRIBER GROU	DSE	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  JP	SUBSCRIBER GROUND CALL SIGN	SEVENTH	COMMUNITY/ AREA

**ACCOUNTING PERIOD: 2017/2** 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Michigan Bell Telephone Company 63024 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 63024 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 Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown