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:

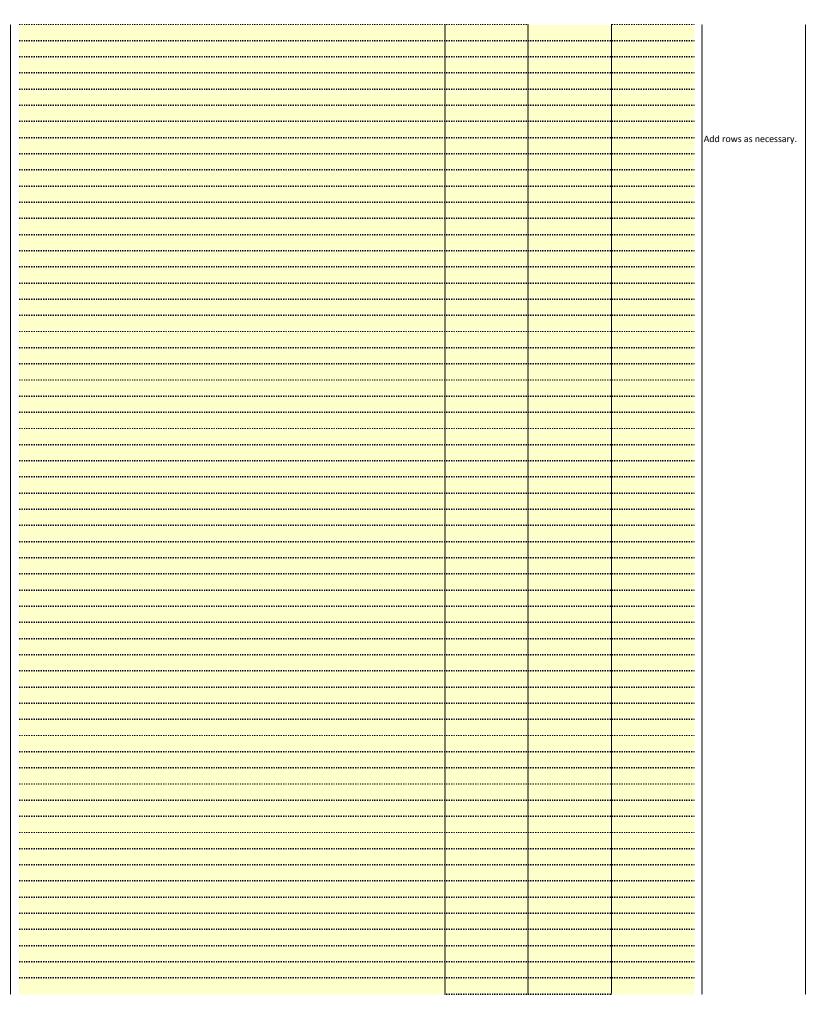
### coplicsoa@loc.gov

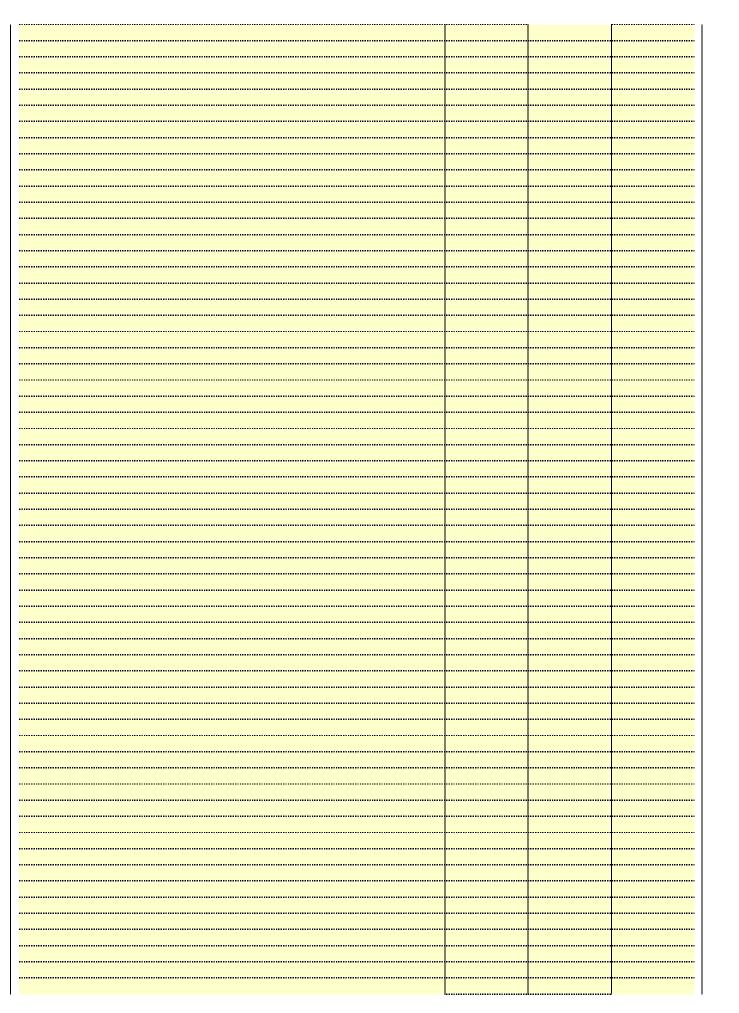
For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting	2017/2									
Period										
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  63037									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	Indiana Bell Telephone Company, Incorporated									
				63037201	172					
				63037 2017	7/2					
	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 names used to id									
C	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address give	n in space B.						
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comp	nunity served below and rel	ist on page 1h						
_		offiny title first confin	numity served below and ren	st on page 1b						
Area Served	with all communities.  CITY OR TOWN	STATE								
First	South Bend	IN								
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	-					
Sample	Alda	MD	Α	1						
Sample	Alliance	MD	В	2						
	Gering	MD	В	3						

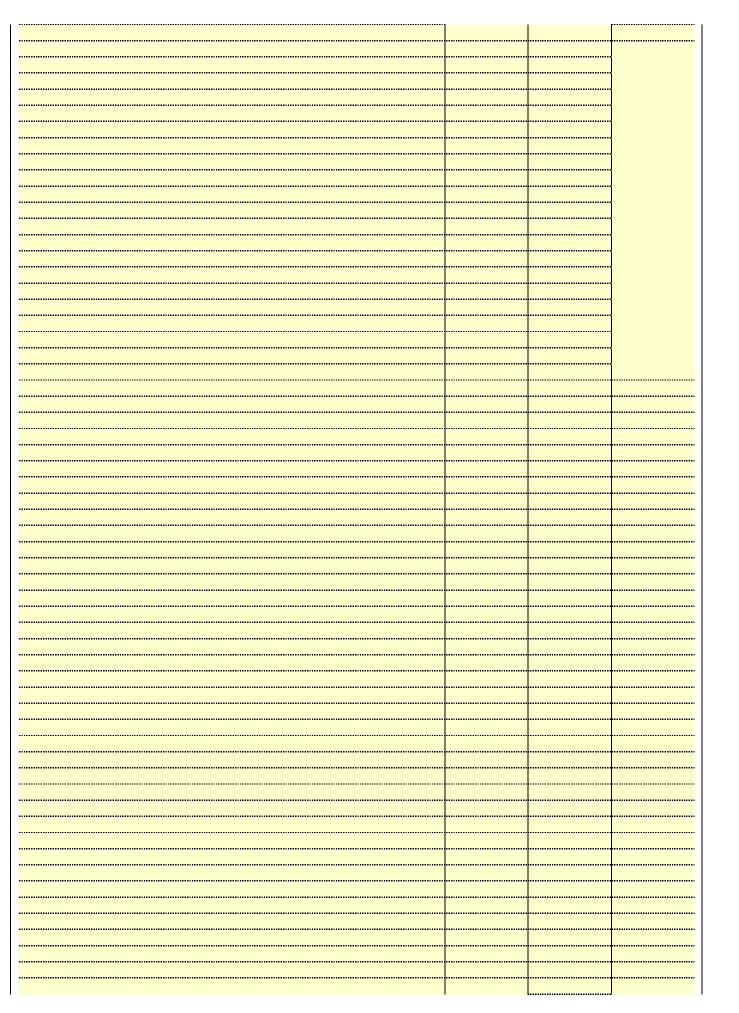
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, 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.

FORM SA3E, PAGE 1b.			ACCOUNT	ING PERIOD: 2017/2					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Indiana Bell Telephone Company, Incorporated			63037						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses									
below the identified city or town.  If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou	ate each commun up designated by a	ity with a a number						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	]					
South Bend	IN			First					
Elkhart Unincorporated County	IN			Community					
Granger	IN								
Indian Village	IN								
Mishawaka	IN								
Notre Dame	IN			See instructions for					
OSCEOLA	IN			additional information					
Roseland	IN			on alphabetization.					
Saint Joseph Unincorporated County	IN								
Benton Harbor	MI								
Benton Township	MI								
Bertrand Township	MI								
Chikaming Township	MI								
Grand Beach	MI								
Lincoln Township	MI								
New Buffalo	MI								
New Buffalo Township Niles	MI MI								
Niles Township	MI								
Royalton Township	MI								
Saint Joseph	MI								
Saint Joseph Township	MI								
Sodus Township	MI								
Stevensville	MI								
Three Oaks	MI								





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



T		

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Indiana Bell Telephone Company, Incorporated

SYSTEM ID#
63037

### 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>	9,062	\$ 19.00	HD Tech Fee	6,883	\$	10.00
<ul> <li>Service to additional set(s)</li> </ul>			Set-Top Box	9,108		\$0-\$10
<ul> <li>FM radio (if separate rate)</li> </ul>			Broadcast TV Surcharge	9,062	\$4.	99-\$5.99
Motel, hotel						
Commercial	46	\$ 20.00				
Converter						
Residential						
Non-residential						
		 			<b>†</b>	

### F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	!			
Indiana Bell Te			corporated		63037	Namo			
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 programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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.									
		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				
WBND-LD/WBND	57/1057	N	No		South Bend, IN				
WCWW-LD/WCW	25/1025	ı	No		South Bend, IN	See instructions for			
WHME	46	ı	No		South Bend, IN	additional information on alphabetization.			
WMYS-LD/WMYS	69/1069	I	No		South Bend, IN				
WNDU/WNDUHD	16/1016	N	No		South Bend, IN				
WNIT/WNITHD	34/1034	E	No		South Bend, IN				
	WSBT/WSBTHD 22/1022 N No South Bend, IN								
WSBTD2/WSBTH 22/1022 I No South Bend, IN									
	22/1022	I	No		<u> </u>				
	22/1022	I	No		<u> </u>				
	22/1022	I	No		<u> </u>				
	22/1022	I	No		<u> </u>				
	22/1022	I	No		<u> </u>				
	22/1022	I	No		<u> </u>				
	22/1022	I	No		<u> </u>				
	22/1022	I	No		<u> </u>				

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYS	TEM ID#	Name
Indiana Bell Te	lephone Co	mpany, Inc	corporated			63037	
PRIMARY TRANSMITTI In General: In space ( carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast).	ers: TELEVISIO G, identify even system during the lons in effect or 6.61(e)(2) and ( isis, as explaine stations: With in CC rules, regular here in space only on a substand also in spat formation concern. h station's call associated with -2". Simulcast	y television standard programmer of the accounting of June 24, 1984, or 76.63 (red) in the next prespect to any attions, or auth G—but do list titute basis and accel, if the standard programmer of the astation acceptions.	ation (including period, except 81, permitting the ferring to 76.6 paragraph. I distant stations orizations: I it in space I (the lition was carried ute basis station eport origination cording to its own be reported in o	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services the earthe-air designation of the column 1 (list each	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute programent and Program Log)—if the ute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identification. For example, report multinatream separately; for example on for broadcasting over-the-air in	a im	G Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these th Column 6: Give the	estem carried the in each case we entering the lecast), "E" (for no ese terms, see pation is outside ce area, see pare entered "You entered "You entered entered entered into one a primary transsimulcasts, also aree categories e location of each canadian statio	ne station.  whether the stater "N" (for no commercial page (v) of the the local servers in column on during the ame basis becamulticast streen or before Jumitter or an aspect of the column or before Jumitt	ation is a netwo etwork), "N-M" (' I educational), o e general instructive area, (i.e. "c general instructive 4, you must cor accounting period ause of lack of a sam that is not so ne 30, 2009, be association repre you carried the of the general in the cortical in the c	ork station, an inder for network multicar "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, so do Indicate by entictivated channel caubject to a royalty tween a cable system on any other to the primary channel on any other than the community with the community with the community with	s". If not, enter "No". For an expaper SA3 form. Stating the basis on which your ering "LAC" if your cable system capacity.  payment because it is the subject stem or an association representing y transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by which the station is identifed.	9	
		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 63037 Indiana Bell Telephone Company, Incorporated 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 Indiana Bell Telephone			ated				S	YSTEM ID# 63037	Name
SUBSTITUTE CARRIAGE					n that your	· cable	system c	carried on a	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: 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 log in block 2.  2. LOG OF SUBSTITUTE			ge blank. If your answer is	'Yes," you mu	ust comple	ete the	program	1	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every not distant stati gulations, o tion. Do no ucy" or "NE n was broad sign of the sadcast static adian static th and day ye "5/7." es when the Example: a er "R" if the and regulatio ogramming	attach addition nnetwork televion and that your authorization t use general of the Basketball: locati live, ente station broadca in's location (the ins, if any, the when your sys substitute pro program carri listed program ons in effect du	al pages. ision program (substitute pour cable system substitute so See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01:  was substituted for programing the accounting period	rogram) that, d for the progeral instruction "basketball".  lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y; enter the let	during the ramming ons located List special sp	e accoord anoid in the iffic production of the end of t	ounting ther static e paper ogram  C or, in the month accurately d be required ed pro	h ,	
S	UBSTITUT	E PROGRAM	1	1 1	EN SUBS			7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6.	TIME:		FOR DELETION	
	<del> </del>								
						_			
						_			
						=			
						_			
					<u> </u>				

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63037 Indiana Bell Telephone Company, Incorporated **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in 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	SAJE. PAGE 7.  AL NAME OF OWNER OF CABLE SYSTEM:  iana Bell Telephone Company, Incorporated	S	63037	Name				
all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's seccidentifed in space E) during the accounting period. For a further explanation of how to ce (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission se ompute this amount, so	7,087.62	<b>K</b> 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	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be at 3 below.  For the DSE schedule was completed, the amount from line 7 of block C should be a blow.  For part 9, block B, of the DSE schedule was completed, the surcharge amount should be the block 4 below.	entered on line 2 in blo	ck					
	Block 1 Block 1 Block 1 Block 1 Block 2 Block 1 Block 2 Block 2 Block 2 Block 3 Block 3 Block 3 Block 2 Block 3 Block 3 Block 4 Block 2 Block 3 Block 4 Block 6 Block 6 Block 6 Block 7 Block 7 Block 7 Block 7 Block 8 Block 8 Block 8 Block 8 Block 8 Block 9 Block 8 Block 8 Block 9 Block 8 Block 9 Block							
	This is your minimum fee.  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 and yes—Complete the DSE schedule.	information you gave inn 4, you must check	<b>8,590.61</b> n					
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 schedule. If none, enter zero	\$	0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	-					
Block 4	<ul> <li>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</li> <li>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.</li> <li>Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)</li></ul>		0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE  TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.	\$	725.00	additional fees. Division for the appropriate				
	Add Lines 1, 2 and 3 of block 4 and enter total here		9,315.61	form for submitting the additional fees.				

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:	SYSTEM ID#								
Name	Indiana Bell Telephone	Company, Incorporated	63037								
	CHANNELS										
M	Instructions: You must give	ve (1) the number of channels on which the cable system carried television broadcas	st stations								
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Chamileis	Enter the total number o	f channels on which the cable	45								
	system carried television	broadcast stations	15								
	Enter the total number or     which the cable system	f activated channels n carried television broadcast stations									
		98	609								
N	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 Bellin</b>	<b>ger</b> Telephone	210-351-4805								
Information		·									
	Address 1010 N. St. I	Mary's Street, Room 13-59-B al route, apartment, or suite number)									
	(Number, street, rura	al route, apartment, or suite number)									
	San Antonio										
	(City, town, state, zip	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	gulations.								
0											
Certifcation	• I, the undersigned, hereby	certify that (Check one, but only one, of the boxes.)									
	(0		Di								
	(Owner other than corpo	oration or partnership) I am the owner of the cable system as identifed in line 1 of space	e B, or								
	(Agent of owner other the	han corporation or partnership) I am the duly authorized agent of the owner of the cab	le system as identified								
		nd that the owner is not a corporation or partnership; or									
	X (Officer or partner) I am	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.										
	I have examined the statem	nent of account and hereby declare under penalty of law that all statements of fact contain	ned herein								
	are true, complete, and corre	ect to the best of my knowledge, information, and belief, and are made in good faith.									
	[10 0.0.0., 0001011 1001(10	50-/ <sub>1</sub>									
	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 curso									
	"F2" b	outton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot	us compatibility settings.								
	Туре	d or printed name: Mike McGuire									
	Title:	Assistant Vice President – Billing Operations									
		(Title of official position held in corporation or partnership)									
	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

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  Special Statement Concerning	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmisters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellitic carriers to satellite dish owners?    X   NO	Indiana Bell Telephone Company, Incorporated	63037	Name
Name Mailing Address  INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  Line 1 Enter the amount of late payment or underpayment.  Line 2 Multiply line 1 by the interest rate* and enter the sum here.  x 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 assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.  Owner  Address  First community served  Accounting period	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 instripator SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondar made by satellite carriers to satellite dish owners?	for the basic I not include sub- section 119."	Special Statement Concerning Gross Receipts
INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  Line 1 Enter the amount of late payment or underpayment.  Line 2 Multiply line 1 by the interest rate* and enter the sum here	YES. Enter the total here and list the satellite carrier(s) below		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  Line 1 Enter the amount of late payment or underpayment			
For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  Line 1 Enter the amount of late payment or underpayment	INTEREST ASSESSMENTS		
Line 2 Multiply line 1 by the interest rate* and enter the sum here			Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
space L, (page 7) (interest charge)  * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.  Owner  Address  First community served  Accounting period	Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
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please list below the owner, address, first community served, accounting period, and ID number as given in the original filling.  Owner  Address  First community served  Accounting period	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
Address  First community served Accounting period	please list below the owner, address, first community served, accounting period, and ID number as give		
Accounting period			
$\bullet  \bullet  \bullet  \bullet  \bullet  \bullet  \bullet  \bullet  \bullet  \bullet $	Accounting period		

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ACCOUNTING PERIOD: 2017/2

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that the character and a contract of the contract of the party of	

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **EXAMPLE**:

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

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



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
)-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL 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	E 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SY	STEM ID#					
•	Indiana Bell Telephone	Company, In	corporated			63037					
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:								
	• Add the DSEs of each station.										
	Enter the sum here and in line	er the sum here and in line 1 of part 5 of this schedule.									
	Instructions:										
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	identified by t	he letter "O" in column 5						
	of space G (page 3).		and the later and the por								
Computation of DSEs for	In the column headed "DSE' mercial educational station, given	: for each indep	endent station, give the DSE	= as "1.0"; for	each network or noncom-						
Category "O"	mercial educational station, give	ve the DOL as	CATEGORY "O" STATION	IS: DSEe							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Gtations	OALL GIGIT	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL					
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											

Name		wner of CABLE SYSTEM: Telephone Compan	y, Incorporate	d			S	63037		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Golumn 2: figure should co Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	t the call sign of all dista For each station, give to correspond with the infor For each station, give to Divide the figure in colu at least to the third decir For each independent statue as ".25."	he number of hormation given in she total number of the total number of the figure of	urs your cable syste pace J. Calculate or of hours that the state in column 3, and the "basis of carriag type-value" as "1.0." ure in column 5, and	m carried the stanly one DSE for eiton broadcast ovingive the result in the value" for the standard for the	tion during the accounting each station. Her the air during the accord decimals in column 4. The	ounting period. his figure must hicational station, less than the			
Capacity		C	ATEGORY I	AC STATIONS:	COMPUTATI	ON OF DSFs				
	1. CALL SIGN	CALL 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE								
						x				
						x				
			·······÷		=	x x	=			
			÷		=	x	=			
			_		_	x				
			·······÷		=	x	= =			
	Add the DSEs of	OF CATEGORY LAC Soft each station. The here and in line 2 of p		dule,		0.00				
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer Broadcast or space I).     Column 2: F at your option. T Column 3: E Column 4: D	ct on October 19, 1976 ( ne or more live, nonnetw for each station give the This figure should correse ther the number of days Divide the figure in colum	itution for a progras shown by the ork programs durinumber of live, respond with the institute in the calendar in 2 by the figure	ram that your systen letter "P" in column ng that optional carr nonnetwork program formation in space I. year: 365, except in in column 3, and gi	n was permitted to the properties of space 1); and the properties of the properties	o delete under FCC rule	2 of were deleted s than the third	rm).		
	_	SU	BSTITUTE-BA	ASIS STATION	S: COMPUTA	ATION OF DSEs				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		4		=		4		=		
				=				=		
		:		=		=	-	=		
		÷					-	=		
	Add the DSEs of	OF SUBSTITUTE-BAS	IS STATIONS:			0.00				
<b>5</b> Total Number of DSEs	number of DSEs  1. Number of  2. Number of	R OF DSEs: Give the am applicable to your syster DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		xes in parts 2, 3, and	4 of this schedul	e and add them to provide	0.00 0.00 0.00			
	TOTAL NUMBER	R OF DSEs						0.00		

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

LEGAL NAME OF C			ornorated				S	YSTEM ID# 63037	Name
			orporated					63037	
Instructions: Block A:				7 of the DOT coh	adula blank a	- d	ant 0 (mana 46) at	: 4h-a	6
schedule.			·	7 of the DSE sche	edule blank al	na complete pa	ап 8, (page 16) от	tne	O
If your answer if	"No," complete blo			ELEVISION M	ARKETS				Computation of
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24, Yes—Com		schedule—[	OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	olete blocks B and	C below.							
		BLOG	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1:				part 2, 3, and 4 o					
CALL SIGN		ne DSE Sche	dule. (Note: T	ne 25, 1981. For for ne letter M below r Act of 2010.)	•	•			
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	sis on which you o elow pertain to tho rket quota rules [7	se in effect o	n June 24, 198		ı tc	
OANTAGE	B Specialty stati C Noncommeric D Grandfathered	al educational station (76.	al station [76.5 65) (see parag	76.59(d)(1), 76.61( 9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	instructions for E Carried pursua	ant to individ	ual waiver of F	, ,					
	G Commercial U	JHF station w	/ithin grade-B	ne or substitute ba contour, [76.59(d)(	•		erring to 76.61(e)	(5)	
	M Retransmission	on of a distar	it multicast stre	eam.					
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
								0.00	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)						Do any of the DSEs represent
							x 0.03	375	partially permited/
Line 5: Multiply I	ine 4 by 0.0375	and enter sı	um here				x		partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				<u></u>	<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

		OWNER OF CABLE		orporated					4STEM ID# 63037	Name
			BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)	T	ı	
	. 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
<mark></mark>										
<mark></mark>										
						<b></b>				
<mark></mark>									•••••	
••••										
<mark></mark>										
		······		1			1		l	4

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#									
Name	Indiana Bell Te	lephone Co	ompany, Incorp	orated						63037
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (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									981 ne entere
		PERMITTE	ED DSE FOR STA	TIONS 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	Р	ERIOD		CARRIAGE	I	DSE		DSE
										••••••
7 Computation of the		"Yes," comple	ete blocks B and C ocks B and C blan	k and complete	-	rt 8 of the DSE schedu				
Syndicated			BLOCI	K A: MAJOR	ΙĿ	LEVISION MARKI	<u>El</u>			
Exclusivity Surcharge	• Is any portion of the	rahle system w	rithin a ton 100 maio	or television mar	ket :	as defned by section 7	6.5 of ECC	rules in effect .l	une 24	1981?
Gurcharge	X Yes—Complete	•		or television mai	NOT !	No—Proceed to		raics in chect o	unc 24,	1001:
	Tes—complete	blocks b and	0.			No—i locced to	parto			
	BLOCK B: C	arriage of VHF	Grade B Contour	Stations		BLOCK	C: Compu	itation of Exem	npt DSEs	3
	Is any station listed in commercial VHF stati or in part, over the ca	block B of pa on that places	rt 6 the primary str	eam of a	r	Was any station listed nity served by the cab to former FCC rule 76.	in block B le system p	of part 7 carrie	d in any	commu-
	Yes—List each s  X No—Enter zero a		h its appropriate per part 8.	mitted DSE		Yes—List each sta  X No—Enter zero ar			ate permi	tted DSE
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN							iN	DSE		
		ļ								
		<del> </del>		·						
				·						
		<u> </u>	TOTAL DSEs	0.00			<u> </u>	TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Indiana Bell Telephone Company, Incorporated	SYSTEM ID# 63037	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,687,087.62	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?      Yes—Complete part 9 of this schedule.      X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge.		
	OF OTION 4: OF COND TO THE EVICTOR MADIET		
	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?  Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	I	Indiana Bell Telephone Company, Incorporated	63037
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$	
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	
		section 2) and enter here	
		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	······································
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions:  nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of checked "Yes," use the total number of DSEs from part 5.  ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  our answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B b c.  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 service area," see page (v) of the general instructions.	elow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	your cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule.  X No—Complete the 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) ▶ _\$ 2,687,087	7.62
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	0.00
	Section 3	If the figure in section 2 is <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) ▶ _ \$	<u>-</u>
		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 ▶ \$	<u>-</u>
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	<u> </u>

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

	AME OF OWNER OF CABLE SYSTEM: na Bell Telephone Company, Incorporated	SYSTEM ID# 63037	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		_
4	A. Enter 0.01064 of gross receipts  (the amount in section 1)  ▶\$		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	
instead	ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcated be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	•	9
receipt	G.  eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:		Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in must 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.		for Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations: For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	tion you	for Partially Permitted 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.		
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each Identi Give	I 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 al bers in the group.	l of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in this schedule; or,	n parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	block B,	
•	the 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 is apper SA3 form.	nstructions	
page. DSEs f	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 (the for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63037 Indiana Bell Telephone Company, Incorporated Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE			atod .			S	YSTEM ID#	Name
IIIUIAIIA DEII TEIEF	mone C0	mpany, mcorpora	aleu				63037	
В				TE FEES FOR EAC			LID	
COMMUNITY ASS.	FIRST	SUBSCRIBER GROU		COMMUNITY ASS		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.22 0.0.1	202	57 ILL 51511	332	07.122.01.01.1	202	0,122 0.0.1	202	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
	······································	-	<b>†</b>		•••••			Stations
			<b></b>					
			<b></b>					
			<del> </del>		<del></del>			
T			0.00	T		1	0.00	
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First C	roup	\$ 2,687	,087.62	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
		-	<b></b>					
			<b>+</b>					
			<b></b>					
			<b></b>					
			1					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
·	•			·	•			
Book Boto For This I d	rous-		0.00	Page Pate Fee F	rth Crave		0.00	
Base Rate Fee Third (	JOUP	\$	0.00	Base Rate Fee Fou	тит Group	\$	0.00	
				11				
Base Rate Fee: Add ti	ne <b>base ra</b> t	te fees for each subsc	riber group	as shown in the boxes	s above.			
Enter here and in block			<u> </u>			\$	0.00	

LEGAL NAME OF OWN Indiana Bell Tele			orated			S	YSTEM ID# 63037	Name
E		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA 0			COMMUNITY/ ARE	0	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>		·····	-		Base Rate Fee
								Syndicated
								Exclusivity Surcharge
								for
						-		Partially
	····					-		Distant Stations
	····					-		
Total DSEs		<u> </u>	0.00	Total DSEs		<u> </u>	0.00	
			0.00	Gross Receipts Second Group \$ 0.00				
•	·			·	·			
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	DUP <b>0</b>	COMMUNITY/ ARE		SUBSCRIBER GROU	JP <b>0</b>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····			<del>-  </del>		
			<u></u>		<u>.</u>	-		
						-		
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group \$		0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE Indiana Bell Telep			rated			S	YSTEM ID# 63037	Name
В				TE FEES FOR EAC				
001111111111111111111111111111111111111	SUBSCRIBER GRO		001111111111111111111111111111111111111		SUBSCRIBER GRO		9	
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-	<u></u>					and
		-			<del></del>			Syndicated Exclusivity
								Surcharge
								for
								Partially
			<u></u>					Distant
	<u> </u>		<mark></mark>		····		····	Stations
			<u></u>					
		-	<u> </u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,687	,087.62	Gross Receipts Second Group		\$ 0.00		
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	11	O BOOK BEIT ON	0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	<u></u>					
	·-		<del></del>		····		····	
		-						
			<u> </u>					
			<u>-</u>				····	
			<u>-</u>					
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third Group \$ 0.00		Gross Receipts Four	th Group	\$	0.00			
							<u> </u>	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				•				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$	0.00	

						63037	
			TE FEES FOR EAC				
	TH SUBSCRIBER (		001414		I SUBSCRIBER GRO		9
COMMUNITY/ AREA 0			COMMUNITY/ ARE	Α		0	Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate I
							and
							Syndicate
							Exclusivit
							Surcharge
							for Partially
					••		Distant
							Stations
F-+-1 DOF-	<u> </u>	0.00	T-4-1 DOF-		Ц	0.00	
Total DSEs 0.00  Gross Receipts First Group \$ 0.00			Total DSEs 0.00 Gross Receipts Second Group \$ 0.00				
			Gross Receipts Sec				
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	ITH SUBSCRIBER (	GROUP					
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				
CALL SIGN DSE	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				·····			
Fotal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	\$ 0.00		rth Group	\$	0.00	
·				-			
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ACCOUNTING PERIOD: 2017/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Indiana Bell Telephone Company, Incorporated 63037 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Indiana Bell Telephone Company, Incorporated 63037 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown