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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

# SA3E Long Form

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   | ACCO   | UNTING PERIOD COVE  | RED BY THIS STATEMENT:   |   |  |              |        |  |
|---|--|---|--|---|--|--------------|--------|--|
| Accounting<br>Period  | 20   | 17/2  |  |   |  |              |        |  |
| <b>B</b><br>Owner   | rate title<br>List<br><i>If th</i><br><u>a single</u>  | e the full legal name of the own<br>of the subsidiary, not that of th<br>any other name or names und<br>here were different owners durin<br>statement of account and roya | ner of the cable system. If the owner<br>he parent corporation<br>der which the owner conducts the busi<br>ing the accounting period, only the ow<br>alty fee payment covering the entire ac<br>'s first filing. If not, enter the system's    | ness of the cable syste<br>ner on the last day of the<br>counting period                | em<br>he accounting period should s  |              | 006437 |  |
|   | LEGAL  | NAME OF OWNER/MAILING   | G ADDRESS OF CABLE SYSTEM  |   |  |              |        |  |
|   | CA   | BLE ONE, INC.   |  |   |  |              |        |  |
|   |  |   |  |   |  | 00643        | 720172 |  |
|   |  |   |  |   |  | 006437       | 2017/2 |  |
|   |  |   |  |   |  |              |        |  |
|   |  | 0 E. EARLL DRIVE<br>IOENIX, AZ 85012-262  | 26   |   |  |              |        |  |
|   |  |   | y business or trade names used to  | identify the busines  | s and operation of the syst  | em unless    | these  |  |
| С   |  |   | In line 2, give the mailing address  |   |  |              |        |  |
| System  |  | NTIFICATION OF CABLE SYSTEM   | М:   |   |  |              |        |  |
|   | MAILING ADDRESS OF CABLE SYSTEM:<br>204 WEST ALAMEDA ROAD<br>(Number, street, rural route, apartment, or suite number) |   |  |   |  |              |        |  |
|   | PC   | CATELLO, ID 83201<br>town, state, zip code)   | alle humber)   |   |  |              |        |  |
| D   | Instruc  | tions: For complete space [   | D instructions, see page 1b. Identi  | fy only the frst comm   | nunity served below and rel  | ist on page  | e 1b   |  |
| Area  | with all   | communities.  |  |   |  |              |        |  |
| Served  | CIT  | Y OR TOWN   |  | STATE   |  |              |        |  |
| First   | PC   | CATELLO   |  | ID  |  |              |        |  |
| Community   |  |   | ommunities if you report multiple o  |   |  | 1            |        |  |
|   | CITY OR TOWN (SAMPLE) STATE CH LINE UP   |   |  |   |  |              | GRP#   |  |
| Sample  | Alda MD A  |   |  |   |  |              | 1 2    |  |
|   | Alliance<br>Gering   | ,   |  | MD<br>MD  | B  |              | 3      |  |
|   |  |   |  |   |  |              |        |  |
| form in order to pro<br>numbers. By provid<br>search reports prep | ocess your s<br>ding PII, you<br>pared for the   | statement of account. PII is any personance of a count of the routine use of<br>a public. The effect of not providing   | Code authorizes the Copyright Offce to collo<br>rsonal information that can be used to ident<br>i it to establish and maintain a public record<br>the PII requested is that it may delay proc<br>legal suffciency of the fling, a determinatio | fy or trace an individual, s<br>, which includes appearin<br>essing of your statement o | such as name, address and teleph<br>g in the Offce's public indexes and<br>of account and its placement in the | none<br>d in |        |  |

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

03/01/2018

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  |                                       |   | SYSTEM ID# |                        |
|---|---------------------------------------|---|------------|------------------------|
| CABLE ONE, INC.   |                                       |   | 006437     |                        |
| <b>Instructions:</b> List each separate community served by the cable system. A "community' in FCC rules: "a separate and distinct community or municipal entity (including unincorporates and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first of system identification hereafter known as the "first community." Please use it as the first | orated communitient to community that | es within unincorp<br>you list will serve | orated     | D<br>Area<br>Served    |
| <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.   | e parks should be                     | e reported in pare                        | ntheses    |                        |
| If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9).                                 | e column blank. İf                    | f you report any st                       | ations     |                        |
| When reporting the carriage of television broadcast stations on a community-by-community-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 be  | a subscriber grou                     |   |            |                        |
| CITY OR TOWN  | STATE                                 | CH LINE UP                                | SUB GRP#   | -                      |
| POCATELLO   | ID                                    | Α   |            | First                  |
| AMERICAN FALLS  | ID                                    | Α   |            | Community              |
| BANNOCK COUNTY  | ID                                    | Α   |            |                        |
| СНИВВИСК  | ID                                    | A   |            |                        |
| INKOM   | ID                                    | Α   |            |                        |
|   |                                       |   |            | See instructions for   |
|   |                                       |   |            | additional information |
|   |                                       |   |            | on alphabetization.    |
|   |                                       |   |            |                        |
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|   |                                       |   |            | Add rows as necessary. |
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| Name                                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:  |   |   |  |  |  |                                       |                                      |        |  |  |
|--------------------------------------|---|---|---|--|--|--|---------------------------------------|--------------------------------------|--------|--|--|
| Name                                 | CABLE ONE, INC.   |   |   |  |  |  |                                       |                                      | 00643  |  |  |
| F                                    | SECONDARY TRANSMISSION  | I SERVICE: SL   | JBSCR   | IBERS AND R  | ATES   |  |                                       |                                      |        |  |  |
| E                                    | In General: The information in s  |   |   |  |  |  |                                       |                                      |        |  |  |
| Secondary                            | system, that is, the retransmissi   |   |   |  |  |  |                                       |                                      |        |  |  |
| Secondary<br>Transmission            | about other services (including particular day of the accounting period   |   |   |  |  |  | those exist                           | ing on the                           |        |  |  |
| Service: Sub-                        | last day of the accounting period (June 30 or December 31, as the case may be).<br><b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken  |   |   |  |  |  |                                       |                                      |        |  |  |
| scribers and                         | down by categories of secondary transmission service. In general, you can compute the number of subscribers in  |   |   |  |  |  |                                       |                                      |        |  |  |
| Rates                                | each category by counting the number of billings in that category (the number of persons or organizations charged   |   |   |  |  |  |                                       |                                      |        |  |  |
|                                      | separately for the particular serv  |   |   |  |  |  |                                       | is and the                           |        |  |  |
|                                      | Rate: Give the standard rate of unit in which it is generally billed  |   |   |  |  |  |                                       |                                      |        |  |  |
|                                      | category, but do not include disc   |   |   |  | any stanu  |  | is within a p                         |                                      |        |  |  |
|                                      | Block 1: In the left-hand block   |   |   |  | ries of se   | condary transmi                        | ssion servio                          | e that cable                         |        |  |  |
|                                      | systems most commonly provide   | e to their subsc  | ribers.   | Give the numb  | er of subs   | scribers and rate                      | for each lis                          | ted category                         |        |  |  |
|                                      | that applies to your system. Not  |   |   |  |  |  |                                       |                                      |        |  |  |
|                                      | categories, that person or entity   |   |   |  | •  |  |                                       |                                      |        |  |  |
|                                      | subscriber who pays extra for ca<br>first set" and would be counted of  |   |   |  |  |  | nder Servic                           | ce to the                            |        |  |  |
|                                      | Block 2: If your cable system   |   |   |  |  |  | e different fi                        | rom those                            |        |  |  |
|                                      | printed in block 1 (for example, t  |   |   |  |  |  |                                       |                                      |        |  |  |
|                                      | with the number of subscribers a  | and rates, in the   | e right-h   | nand block. A t  | NO- or thr   | ee-word descript                       | tion of the s                         | ervice is                            |        |  |  |
|                                      | sufficient.   | OCK 1   |   |  | 1  |  | BLOC                                  | K 2                                  |        |  |  |
|                                      |   | NO. OF  |   |  |  |  | BLUC                                  | NO. OF                               |        |  |  |
|                                      | CATEGORY OF SERVICE   | SUBSCRIB  | ERS   | RATE   | CA   | TEGORY OF SE                           | RVICE                                 | SUBSCRIBERS                          | RATE   |  |  |
|                                      | Residential:  |   |   |  |  |  |                                       |                                      |        |  |  |
|                                      | <ul> <li>Service to first set</li> </ul>  |   | 3,309   | \$ 40.00   |  |  |                                       |                                      |        |  |  |
|                                      | <ul> <li>Service to additional set(s)</li> </ul>  |   |   |  |  |  |                                       |                                      |        |  |  |
|                                      | <ul> <li>FM radio (if separate rate)</li> </ul>   |   |   |  |  |  |                                       |                                      |        |  |  |
|                                      | Motel, hotel  |   |   |  |  |  |                                       |                                      |        |  |  |
|                                      | Commercial  |   |   |  |  |  |                                       |                                      |        |  |  |
|                                      | Converter   |   |   |  |  |  |                                       |                                      |        |  |  |
|                                      | Residential   |   |   |  |  |  |                                       |                                      |        |  |  |
|                                      | Non-residential   |   |   |  |  |  |                                       |                                      |        |  |  |
|                                      | SERVICES OTHER THAN SEC   |   | NSMIS   |  | s  |  |                                       |                                      |        |  |  |
| F                                    | In General: Space F calls for ra  | -   |   |  | -  | all your cable sy                      | stem's serv                           | ices that were                       |        |  |  |
| F                                    | not covered in space E, that is, t  | hose services   | that are  | not offered in   | combinat   | ion with any sec                       | ondary tran                           | smission                             |        |  |  |
|                                      | service for a single fee. There a   |   |   |  |  |  |                                       |                                      |        |  |  |
| Services                             | furnished at cost or (2) services   |   |   |  |  |  |                                       |                                      |        |  |  |
| Other Than                           | amount of the charge and the up   |   | usually   | billed. If any ra  | ates are c   | charged on a var                       | lable per-pr                          | ogram basis,                         |        |  |  |
| Secondary                            | enter only the letters "PP" in the rate column.<br>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.  |   |   |  |  |  |                                       |                                      |        |  |  |
| Secondary<br>ransmissions:           | Block 1: Give the standard ra   | te charged by t   | he cabl   | e system for ea  | ach of the   | e applicable servi                     | ces listed.                           |                                      |        |  |  |
| Secondary<br>Transmissions:<br>Rates | Block 1: Give the standard ra<br>Block 2: List any services tha   | te charged by t<br>t your cable sys   | stem fu   | rnished or offei   | ed during  | g the accounting                       | period that                           |                                      |        |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a  | te charged by t<br>t your cable sys<br>separate charg   | stem fu<br>je was i   | rnished or offer<br>made or establ   | ed during  | g the accounting                       | period that                           |                                      |        |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha   | te charged by t<br>t your cable sys<br>separate charg   | stem fu<br>je was i   | rnished or offer<br>made or establ   | ed during  | g the accounting                       | period that                           |                                      |        |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descri   | te charged by t<br>t your cable sys<br>separate charg<br>otion and includ<br>BLO0   | stem fu<br>le was i<br>le the ra<br>CK 1  | rnished or offer<br>made or establ<br>ate for each.  | ed during<br>ished. Lis                              | g the accounting                       | period that<br>vices in the           | e form of a<br>BLOCK 2               |        |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE   | te charged by t<br>t your cable sys<br>separate charg<br>ption and inclue   | stem fu<br>le was i<br>de the ra<br>CK 1<br>CATEC   | rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER   | red during<br>ished. Lis                             | g the accounting                       | period that<br>vices in the           | e form of a                          | RATE   |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:   | te charged by t<br>t your cable sys<br>separate charg<br>ption and includ<br>BLO0<br>RATE                                     | stem fu<br>le was i<br>de the ra<br>CK 1<br>CATEC<br>Install  | rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res   | red during<br>ished. Lis                             | g the accounting<br>st these other ser | period that<br>vices in the<br>CATEGC | BLOCK 2                              |        |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable  | te charged by t<br>t your cable sys<br>separate charg<br>otion and includ<br>BLO0   | stem fu<br>le was i<br>de the ra<br>CK 1<br>CATEC<br>Install<br>• Mo  | rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res   | red during<br>ished. Lis                             | g the accounting<br>st these other ser | period that<br>vices in the<br>CATEGC | BLOCK 2<br>BLOCK 2<br>DRY OF SERVICE | \$ 40. |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel   | te charged by t<br>t your cable sys<br>separate charg<br>ption and includ<br>BLO0<br>RATE                                     | stem fu<br>le was i<br>CK 1<br>CATEC<br>Install<br>• Mc<br>• Co   | rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SEF<br>ation: Non-res<br>otel, hotel<br>mmercial  | red during<br>ished. Lis                             | g the accounting<br>st these other ser | period that<br>vices in the<br>CATEGC | BLOCK 2<br>BLOCK 2<br>DRY OF SERVICE |        |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Fire protection  | te charged by t<br>t your cable sys<br>separate charg<br>ption and includ<br>BLO0<br>RATE                                     | stem fu<br>le was i<br>de the ra<br>CK 1<br>CATE(<br>Install<br>• Mo<br>• Co<br>• Pa  | rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SEF<br>ation: Non-res<br>itel, hotel<br>mmercial<br>y cable   | ed during<br>ished. Lis<br>VICE                      | g the accounting<br>st these other ser | period that<br>vices in the<br>CATEGC | BLOCK 2<br>BLOCK 2<br>DRY OF SERVICE | \$ 40. |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection  | te charged by t<br>t your cable sys<br>separate charg<br>ption and includ<br>BLO0<br>RATE                                     | stem fu<br>le was i<br>de the ra-<br>CK 1<br>CATEC<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa   | rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>stel, hotel<br>mmercial<br>y cable<br>y cable-add'l c  | ed during<br>ished. Lis<br>VICE                      | g the accounting<br>st these other ser | period that<br>vices in the<br>CATEGC | BLOCK 2<br>BLOCK 2<br>DRY OF SERVICE | \$ 40. |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential  | te charged by t<br>t your cable sys<br>separate charg<br>ption and includ<br>BLO0<br>RATE<br>\$ 17.00                         | stem fu<br>le was i<br>de the ra-<br>CK 1<br>CATE(<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Fin                                    | rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>atel, hotel<br>mmercial<br>y cable<br>y cable-add'l cl<br>e protection   | red during<br>ished. Lis<br><u>VICE</u><br>sidential | g the accounting<br>st these other ser | period that<br>vices in the<br>CATEGO | BLOCK 2<br>BLOCK 2<br>DRY OF SERVICE | \$ 40. |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set   | te charged by t<br>t your cable sys<br>separate charg<br>ption and includ<br>BLOO<br>RATE<br>\$ 17.00<br>\$ 90.00             | stem fu<br>le was i<br>de the ra<br>CK 1<br>CATE(<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Pa<br>• Fin<br>• Bu                             | rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l cl<br>e protection<br>rglar protection                                     | red during<br>ished. Lis<br><u>VICE</u><br>sidential | g the accounting<br>st these other ser | period that<br>vices in the<br>CATEGO | BLOCK 2<br>BLOCK 2<br>DRY OF SERVICE | \$ 40. |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)                                  | te charged by t<br>t your cable sys<br>separate charg<br>ption and includ<br>BLOO<br>RATE<br>\$ 17.00<br>\$ 90.00             | stem fu<br>le was i<br>de the ri-<br>CK 1<br>CATEO<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Fin<br>• Bu<br>Other                   | rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>mmercial<br>y cable<br>y cable-add'l cl<br>e protection<br>rglar protection<br>services:                         | red during<br>ished. Lis<br><u>VICE</u><br>sidential | g the accounting<br>st these other ser | period that<br>vices in the<br>CATEGO | BLOCK 2<br>BLOCK 2<br>DRY OF SERVICE | \$ 40. |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate) | te charged by t<br>t your cable sys<br>separate charg<br>otion and includ<br>BLO(<br>RATE<br>\$ 17.00<br>\$ 90.00<br>\$ 30.00 | stem fu<br>le was i<br>de the ri-<br>CK 1<br>CATE(<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Fin<br>• Bu<br>Other<br>• Re           | rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SEF<br>ation: Non-res<br>itel, hotel<br>mmercial<br>y cable<br>y cable-add'l cl<br>e protection<br>rglar protection<br>services:<br>connect             | red during<br>ished. Lis<br><u>VICE</u><br>sidential | g the accounting<br>st these other ser | period that<br>vices in the<br>CATEGO | BLOCK 2<br>BLOCK 2<br>DRY OF SERVICE | \$ 40. |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)                                  | te charged by t<br>t your cable sys<br>separate charg<br>ption and includ<br>BLOO<br>RATE<br>\$ 17.00<br>\$ 90.00             | stem fu<br>le was i<br>de the ri-<br>CK 1<br>CATE(<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Firi<br>• Bu<br>Other<br>• Re<br>• Dis | rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SEF<br>ation: Non-res<br>tiel, hotel<br>mmercial<br>y cable<br>y cable-add'l cl<br>e protection<br>rglar protection<br>services:<br>connect<br>sconnect | red during<br>ished. Lis<br><u>VICE</u><br>sidential | g the accounting<br>st these other ser | period that<br>vices in the<br>CATEGO | BLOCK 2<br>BLOCK 2<br>DRY OF SERVICE | \$ 40. |  |  |
| ransmissions:                        | Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate) | te charged by t<br>t your cable sys<br>separate charg<br>otion and includ<br>BLO(<br>RATE<br>\$ 17.00<br>\$ 90.00<br>\$ 30.00 | stem fu<br>le was i<br>de the r<br>CK 1<br>CATEC<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Pa<br>• Fin<br>• Bu<br>• Bu<br>• Dis<br>• Ou     | rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SEF<br>ation: Non-res<br>itel, hotel<br>mmercial<br>y cable<br>y cable-add'l cl<br>e protection<br>rglar protection<br>services:<br>connect             | red during<br>ished. Lis                             | g the accounting<br>st these other ser | period that<br>vices in the<br>CATEGO | BLOCK 2<br>BLOCK 2<br>DRY OF SERVICE | \$ 40. |  |  |

|  | WNER OF CABLE S   | YSTEM:   |  |   | SYSTEM ID#  | Name                  |
|--|---|--|--|---|---|-----------------------|
| CABLE ONE,   | INC.  |  |  |   | 006437  | Name                  |
| RIMARY TRANSMIT  | TERS: TELEVISIO   | N  |  |   |   |                       |
| carried by your cable<br>FCC rules and regul   | e system during t<br>ations in effect o   | he accounting<br>n June 24, 19   | g period, except<br>81, permitting th  | (1) stations carrie   | and low power television stations)<br>ed only on a part-time basis under<br>ain network programs [sections<br>and (2) certain stations carried on a   | <b>G</b><br>Primary   |
| substitute program b   |   |  |  |   | able system on a substitute program   | Transmitters:         |
| basis under specifc  |   | • •  |  | s carried by your c   | able system on a substitute program   | Television            |
| Do not list the stati  | on here in space  | G-but do lis   |  | e Special Statem  | ent and Program Log)—if the   |                       |
| station was carrie   |   |  | ation was carried  | d both on a substit   | ute basis and also on some other  |                       |
|  |   | erning substi  | tute basis statio  | ns, see page (v) o  | f the general instructions located  |                       |
| in the paper SA3<br>Column 1: List e   |   | sign. Do not i   | report originatior   | n program service   | s such as HBO, ESPN, etc. Identify  |                       |
|  |   |  | •  | •   | tion. For example, report multi-<br>n stream separately; for example  |                       |
| NETA-simulcast).   | TA-2 . Simulcast  | streams musi   |  |   | r stream separately, for example  |                       |
|  |   |  |  |   | on for broadcasting over-the-air in<br>may be different from the channel  |                       |
| on which your cable  | system carried th   | he station.  |  | 0   | ,   |                       |
|  |   |  |  |   | ependent station, or a noncommercial ast), "I" (for independent), "I-M"   |                       |
|  |   |  |  |   | ommercial educational multicast).   |                       |
| For the meaning of t   |   |  |  |   | ne paper SA3 form.<br>es". If not, enter "No". For an ex-   |                       |
| lanation of local se   | rvice area, see p   | age (v) of the   | general instruct   | ions located in the   | e paper SA3 form.   |                       |
| •  |   |  | •  | •   | stating the basis on which your   |                       |
| cable system carried<br>carried the distant st   |   | -  |  | •   | tering "LAC" if your cable system<br>capacity.  |                       |
| For the retransmi  | ssion of a distant  | t multicast stre   | eam that is not s  | subject to a royalty  | payment because it is the subject   |                       |
| of a written aareeme   | ont ontorod into o  |  | ing 30 2000 ha   | stwoon a cable eve  |   |                       |
| -  |   |  |  | •   | stem or an association representing   |                       |
| he cable system an   | d a primary trans   | mitter or an a   | ssociation repre   | senting the prima   | ry transmitter, enter the designa-<br>her basis, enter "O." For a further   |                       |
| the cable system an<br>ion "E" (exempt). For<br>explanation of these   | d a primary trans<br>or simulcasts, als<br>three categories   | mitter or an a<br>o enter "E". If<br>, see page (v   | ssociation repre<br>you carried the<br>) of the general i  | senting the prima<br>channel on any of<br>instructions locate   | ry transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.   |                       |
| the cable system an<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give  | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea   | mitter or an a<br>o enter "E". If<br>, see page (v<br>ich station. Fo  | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,   | senting the prima<br>channel on any of<br>instructions locate<br>list the community   | ry transmitter, enter the designa-<br>her basis, enter "O." For a further   |                       |
| the cable system an<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o  | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea<br>r Canadian static  | mitter or an a<br>o enter "E". If<br>, see page (v<br>ach station. Fo<br>ons, if any, giv  | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>e the name of th   | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the<br>which the station is identifed.  |                       |
| the cable system an<br>tion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give   | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea<br>r Canadian static  | mitter or an a<br>o enter "E". If<br>, see page (v<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,  | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>e the name of th   | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each                                  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the<br>which the station is identifed.  |                       |
| the cable system an<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utiliz  | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea<br>r Canadian static  | mitter or an a<br>o enter "E". If<br>, see page (v<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,  | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>re the name of th<br>use a separate  | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each                                  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>id in the paper SA3 form.<br>If to which the station is licensed by the<br>in which the station is identifed.<br>channel line-up.   |                       |
| the cable system an<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utiliz  | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea<br>r Canadian static<br>zing multiple char  | mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fc<br>ons, if any, giv<br>nnel line-ups,<br>CHANN  | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>the the name of the<br>use a separate<br><b>EL LINE-UP</b>   | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each                                  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the<br>which the station is identifed.  |                       |
| he cable system an<br>ion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utiliz  | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea<br>r Canadian static<br>zing multiple char<br>2. B'CAST   | mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fc<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE   | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>the the name of the<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF             | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>id in the paper SA3 form.<br>If to which the station is licensed by the<br>in which the station is identifed.<br>channel line-up.   |                       |
| he cable system an<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utiliz   | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea<br>r Canadian static<br>zing multiple chain<br>2. B'CAST<br>CHANNEL   | mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fc<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF   | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>the the name of the<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>id in the paper SA3 form.<br>If to which the station is licensed by the<br>in which the station is identifed.<br>channel line-up.   |                       |
| the cable system an<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give f<br>FCC. For Mexican o<br><b>Note:</b> If you are utilities<br>1. CALL<br>SIGN  | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea<br>r Canadian static<br>zing multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER  | mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fc<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION  | ssociation repre<br>you carried the<br>) of the general is<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION  | See instructions for  |
| he cable system an<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utiliz<br>1. CALL<br>SIGN<br><b>KIDK</b><br><b>KIFI-DT1</b>  | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea<br>r Canadian static<br>zing multiple chai<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>36  | mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b>   | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b>   | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION  | additional informatio |
| he cable system an<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give f<br>FCC. For Mexican o<br>Note: If you are utiliz<br>1. CALL<br>SIGN<br>KIDK<br>KIFI-DT1<br>KIFI-DT2   | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea<br>r Canadian static<br>zing multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>36<br>8   | mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fc<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M  | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br>No   | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>IDAHO FALLS, ID   |                       |
| he cable system an<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give f<br>FCC. For Mexican o<br><b>Note:</b> If you are utiliz<br>1. CALL<br>SIGN<br><b>KIDK</b><br><b>KIFI-DT1</b><br><b>KIFI-DT2</b><br><b>KIFI-DT3</b>  | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea<br>r Canadian static<br>zing multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>36<br>8<br>8  | mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>I-M   | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b>                                 | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | ry transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID   | additional informatio |
| he cable system an<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give for<br>FCC. For Mexican on<br>Note: If you are utilities<br>1. CALL<br>SIGN<br>KIDK<br>KIFI-DT1<br>KIFI-DT2<br>KIFI-DT3<br>KIFI-DT4   | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea<br>r Canadian static<br>zing multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>36<br>8<br>8<br>8   | mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fc<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>I-M<br>I-M  | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b>                    | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID   | additional informatio |
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| the cable system an<br>tion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give 1<br>FCC. For Mexican o<br>Note: If you are utiliz<br>1. CALL<br>SIGN<br>KIDK<br>KIFI-DT1<br>KIFI-DT2<br>KIFI-DT3<br>KIFI-DT4<br>KISU-DT1<br>KISU-DT2<br>KISU-DT3<br>KISU-DT4<br>KSU-DT4<br>KPVI-DT1<br>KVUI<br>KVUI<br>KXPI-LP | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ear<br>r Canadian static<br>zing multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>36<br>8<br>8<br>8<br>8<br>17<br>17<br>17<br>17<br>17<br>17<br>17<br>17<br>23<br>23<br>23<br>31<br>34 | mitter or an a<br>o enter "E". If<br>, see page (v<br>ich station. Fc<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N.M<br>I-M<br>I-M<br>I-M<br>E-M<br>E-M<br>E-M<br>E-M<br>I<br>N<br>I-M<br>I-M<br>I<br>I<br>N<br>I-M | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>e the name of the<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO  | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | ry transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>POCATELLO, ID | additional informatio |
| the cable system an<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give 1<br>FCC. For Mexican o<br>Note: If you are utility<br>1. CALL<br>SIGN<br>KIDK<br>KIFI-DT1<br>KIFI-DT2<br>KIFI-DT3<br>KIFI-DT4<br>KISU-DT1<br>KISU-DT2<br>KISU-DT3<br>KISU-DT3<br>KISU-DT4<br>KPVI<br>KPVI-DT1<br>KVUI           | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ea<br>r Canadian static<br>zing multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>36<br>8<br>8<br>8<br>8<br>8<br>17<br>17<br>17<br>17<br>17<br>17<br>17<br>23<br>23<br>23<br>31         | mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fc<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>I-M<br>I-M<br>E-M<br>E-M<br>E-M<br>E-M<br>I<br>N                                      | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>e the name of the<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO  | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | ry transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>owhich the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>POCATELLO, ID<br>POCATELLO, ID<br>POCATELLO, ID<br>POCATELLO, ID<br>POCATELLO, ID<br>POCATELLO, ID<br>POCATELLO, ID<br>POCATELLO, ID      | additional informatio |
| the cable system an<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6</b> : Give 1<br>FCC. For Mexican o<br>Note: If you are utiliz<br>1. CALL<br>SIGN<br>KIDK<br>KIFI-DT1<br>KIFI-DT2<br>KIFI-DT3<br>KIFI-DT4<br>KISU-DT1<br>KISU-DT2<br>KISU-DT3<br>KISU-DT4<br>KISU-DT4<br>KPVI-DT1<br>KVUI<br>KVUI           | d a primary trans<br>or simulcasts, als<br>three categories<br>the location of ear<br>r Canadian static<br>zing multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>36<br>8<br>8<br>8<br>8<br>17<br>17<br>17<br>17<br>17<br>17<br>17<br>17<br>23<br>23<br>23<br>31<br>34 | mitter or an a<br>o enter "E". If<br>, see page (v<br>ich station. Fc<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N.M<br>I-M<br>I-M<br>I-M<br>E-M<br>E-M<br>E-M<br>E-M<br>I<br>N<br>I-M<br>I-M<br>I<br>I<br>N<br>I-M | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO   | senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | ry transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>IDAHO FALLS, ID<br>POCATELLO, ID | additional informatio |

| FORM SA3E. PAGE 3.   |   |  |   |  |  |   |
|--|---|--|---|--|--|---|
| LEGAL NAME OF OW   |   | /STEM:   |   |  | SYSTEM ID#   | Name  |
| CABLE ONE, I   | NC.   |  |   |  | 006437   |   |
| PRIMARY TRANSMIT   | ERS: TELEVISIO  | DN   |   |  |  |   |
| In General: In space<br>carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7<br>substitute program ba<br>Substitute program ba<br>Substitute Basis<br>basis under specifc F<br>• Do not list the station<br>station was carried<br>• List the station here<br>basis. For further i<br>in the paper SA3 f<br>Column 1: List ea<br>each multicast stream<br>cast stream as "WET<br>Column 2: Give th<br>its community of licer<br>on which your cable s<br>Column 3: Indicat<br>educational station, b<br>(for independent mult<br>For the meaning of th<br>Column 4: If the s<br>planation of local sen<br>Column 5: If you I<br>cable system carried<br>carried the distant sta<br>For the retransmis<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these f | G, identify ever<br>system during t<br>tions in effect or<br>6.61(e)(2) and (<br>isis, as explaine<br><b>Stations:</b> With I<br>CC rules, regula<br>in here in space<br>and also in space<br>to station's call<br>associated with<br>A-2". Simulcast<br>we channel numl<br>se. For example<br>system carried th<br>e in each case we<br>y entering the le<br>icast), "E" (for n<br>ese terms, see<br>tation is outside<br>vice area, see p<br>have entered "Y"<br>the distant static<br>tion on a part-tin<br>sion of a distant<br>t entered into o<br>a primary trans<br>simulcasts, also<br>hree categories<br>ne location of ea | y television st<br>he accounting<br>n June 24, 194<br>4), or 76.63 (r<br>d in the next y<br>respect to any<br>ations, or auth<br>G—but do lisi<br>titute basis.<br>Ince I, if the staterning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>de, WRC is Cha<br>he station.<br>whether the st<br>ther "N" (for mo-<br>procommercial<br>page (v) of the<br>the local servage (v) of the<br>the local servage (v) of the<br>the basis beca<br>multicast stream<br>or before Ju<br>mitter or an ac-<br>po enter "E". If<br>, see page (v) | period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>orizations:<br>t it in space I (th<br>ation was carried<br>cute basis station<br>report origination<br>cording to its ov<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>ation is a network<br>etwork), "N-M" (<br>I educational), c<br>e general instruct<br>4, you must con<br>accounting period<br>ause of lack of a<br>sem that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>ir U.S. stations, | (1) stations carrie<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>the Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>the rogram service<br>er-the-air designal<br>column 1 (list each<br>the television stat<br>ington, D.C. This<br>rrk station, an inde<br>for network multion<br>or "E-M" (for nonco-<br>ctions located in the<br>mplete column 5,<br>od. Indicate by en<br>inctivated channel<br>subject to a royalty<br>tween a cable sy-<br>senting the prima<br>channel on any of<br>instructions located<br>list the community | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizing   | ng multiple char  | nnel line-ups,   | use a separate  | space G for each   | channel line-up.   |   |
|  |   | CHANN  | EL LINE-UP  | AB   |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
|  |   |  |   |  |  |   |
|  |   |  |   |  |  |   |
|  |   |  |   |  |  |   |
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|  |   |  |   |  |  |   |

| LEGAL NAME OF OWNER OF CABLE S  |   |  |   |   |   |
|---|---|--|---|---|---|
| CABLE ONE, INC.   | SYSTEM:   |  |   | SYSTEM ID#  | Name  |
|   |   |  |   | 006437  |   |
| PRIMARY TRANSMITTERS: TELEVIS   | ION   |  |   |   |   |
| In General: In space G, identify eve<br>carried by your cable system during<br>FCC rules and regulations in effect of<br>76.59(d)(2) and (4), 76.61(e)(2) and<br>substitute program basis, as explain<br>Substitute Basis Stations: With<br>basis under specifc FCC rules, regu<br>• Do not list the station here in space<br>station was carried only on a sub<br>• List the station here, and also in sp<br>basis. For further information com<br>in the paper SA3 form.<br>Column 1: List each station's cal<br>each multicast stream associated wi<br>cast stream as "WETA-2". Simulcas:<br>WETA-simulcast).<br>Column 2: Give the channel nun<br>its community of license. For examp<br>on which your cable system carried<br>Column 3: Indicate in each case<br>educational station, by entering the I<br>(for independent multicast), "E" (for<br>For the meaning of these terms, see<br>Column 5: If you have entered "`<br>cable system carried the distant stat<br>carried the distant station on a part-t<br>For the retransmission of a distar<br>of a written agreement entered intor<br>the cable system and a primary tran<br>tion "E" (exempt). For simulcasts, als | ry television stat<br>the accounting p<br>on June 24, 198<br>(4), or 76.63 (re<br>ed in the next particular<br>respect to any of<br>lations, or autho<br>e G—but do list is<br>stitute basis.<br>bace I, if the static<br>cerning substitu<br>I sign. Do not re<br>th a station account<br>the station account<br>ber the FCC ha<br>le, WRC is Char<br>the station.<br>whether the station<br>whether the station<br>etter "N" (for net<br>noncommercial of<br>page (v) of the g<br>res" in column 4<br>ion during the ac-<br>time basis becau<br>the multicast streac<br>on or before Jun<br>smitter or an ass | period, except<br>1, permitting the<br>ferring to 76.6<br>aragraph.<br>distant stations<br>irizations:<br>it in space I (the<br>ion was carried<br>it in space I (the<br>ion was carried<br>the basis station<br>eport origination<br>ording to its own<br>be reported in ordination<br>ording to its own<br>be reported in ordination<br>as assigned to<br>as assigned to<br>as assigned to<br>as assigned to<br>as assigned to<br>as a set of a network<br>twork), "N-M" (<br>educational), ordination<br>general instruct<br>4, you must cordination<br>counting period<br>use of lack of a<br>am that is not sine<br>30, 2009, be<br>sociation repre | (1) stations carrie<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>the Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>the second second<br>column 1 (list each<br>the television stat<br>nington, D.C. This<br>ork station, an inder<br>for network multic<br>for "E-M" (for nonco-<br>ctions located in the<br>mplete column 5,<br>od. Indicate by en-<br>totivated channel<br>subject to a royalty<br>even a cable sy- | and low power television stations)<br>and only on a part-time basis under<br>ain network programs [sections<br>and (2) certain stations carried on a<br>sable system on a substitute program<br>ent and Program Log)—if the<br>sute basis and also on some other<br>f the general instructions located<br>s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example<br>on for broadcasting over-the-air in<br>may be different from the channel<br>ependent station, or a noncommercial<br>ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>he paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system<br>capacity.<br>p ayment because it is the subject<br>stem or an association representing | G<br>Primary<br>Transmitters:<br>Television |
| Column 6: Give the location of e  | s, see page (v) o<br>ach station. For   | of the general i<br>U.S. stations,   | instructions locate<br>list the community   | d in the paper SA3 form.<br>v to which the station is licensed by the   |   |
| Column 6: Give the location of e<br>FCC. For Mexican or Canadian stati  | s, see page (v) o<br>ach station. For<br>ons, if any, give  | of the general i<br>U.S. stations,<br>the name of th   | instructions locate<br>list the community<br>ne community with  | d in the paper SA3 form.<br>y to which the station is licensed by the<br>which the station is identifed.  |   |
| Column 6: Give the location of e<br>FCC. For Mexican or Canadian stati  | s, see page (v) o<br>ach station. For<br>ons, if any, give<br>annel line-ups, u   | of the general i<br>U.S. stations,<br>the name of th   | instructions locate<br>list the community<br>ne community with<br>space G for each  | d in the paper SA3 form.<br>y to which the station is licensed by the<br>which the station is identifed.  |   |
| Column 6: Give the location of e<br>FCC. For Mexican or Canadian stati  | s, see page (v) of<br>ach station. For<br>ons, if any, give<br>annel line-ups, u<br>CHANNE<br>3. TYPE   | of the general i<br>U.S. stations,<br>the name of th<br>use a separate   | instructions locate<br>list the community<br>ne community with<br>space G for each  | d in the paper SA3 form.<br>y to which the station is licensed by the<br>which the station is identifed.  |   |
| Column 6: Give the location of e         FCC. For Mexican or Canadian stati         Note: If you are utilizing multiple chance         1. CALL         SIGN   | s, see page (v) of<br>ach station. For<br>ons, if any, give<br>annel line-ups, u<br>CHANNE<br>3. TYPE<br>. OF   | of the general i<br>U.S. stations,<br>the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?   | instructions locate<br>list the community<br>ne community with<br>space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE   | d in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.  |   |
| Column 6: Give the location of e         FCC. For Mexican or Canadian stati         Note: If you are utilizing multiple chance         1. CALL         SIGN   | s, see page (v) of<br>ach station. For<br>ons, if any, give<br>annel line-ups, u<br>CHANNE<br>3. TYPE<br>. OF   | of the general i<br>U.S. stations,<br>the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?   | instructions locate<br>list the community<br>ne community with<br>space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE   | d in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.  |   |
| Column 6: Give the location of e         FCC. For Mexican or Canadian stati         Note: If you are utilizing multiple chance         1. CALL         SIGN   | s, see page (v) of<br>ach station. For<br>ons, if any, give<br>annel line-ups, u<br>CHANNE<br>3. TYPE<br>. OF   | of the general i<br>U.S. stations,<br>the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?   | instructions locate<br>list the community<br>ne community with<br>space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE   | d in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.  |   |
| FCC. For Mexican or Canadian stati<br><b>Note:</b> If you are utilizing multiple cha<br>1. CALL<br>SIGN<br>2. B'CAST<br>CHANNEL   | s, see page (v) of<br>ach station. For<br>ons, if any, give<br>annel line-ups, u<br>CHANNE<br>3. TYPE<br>. OF   | of the general i<br>U.S. stations,<br>the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?   | instructions locate<br>list the community<br>ne community with<br>space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE   | d in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.  |   |

| FORM SA3E. PAGE 3.  |   |  |   |  |  |   |
|---|---|--|---|--|--|---|
| LEGAL NAME OF OW  |   | /STEM:   |   |  | SYSTEM ID#   | Name  |
| CABLE ONE, I  | NC.   |  |   |  | 006437   |   |
| PRIMARY TRANSMITT   | ERS: TELEVISIO  | DN   |   |  |  |   |
| In General: In space<br>carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7<br>substitute program ba<br>Substitute program ba<br>Substitute Basis<br>basis under specifc F<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further in<br>in the paper SA3 fo<br>Column 1: List ea<br>each multicast stream<br>cast stream as "WETA-<br>WETA-simulcast).<br>Column 2: Give th<br>its community of licen<br>on which your cable s<br>Column 3: Indicat<br>educational station, b<br>(for independent mult<br>For the meaning of th<br>Column 5: If you f<br>cable system carried 1<br>carried the distant sta<br>For the retransmis<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these t<br>Column 6: Give th | G, identify even<br>system during ti<br>tions in effect or<br>6.61(e)(2) and (<br>isis, as explaine<br><b>Stations:</b> With n<br>CC rules, regula<br>n here in space<br>I only on a subs<br>and also in spa<br>nformation conc<br>orm.<br>ch station's call<br>a associated with<br>A-2". Simulcast<br>e channel numt<br>se. For example<br>ystem carried th<br>e in each case w<br>y entering the le<br>icast), "E" (for m<br>ese terms, see<br>tation is outside<br>rice area, see pa<br>have entered "Yu<br>the distant static<br>tion on a part-tin<br>sion of a distant<br>t t entered into or<br>a primary trans<br>simulcasts, also<br>hree categories<br>te location of ea | y television st<br>he accounting<br>n June 24, 194<br>4), or 76.63 (r<br>d in the next y<br>respect to any<br>ations, or auth<br>G—but do lisi<br>titute basis.<br>Ince I, if the staterning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>de, WRC is Cha<br>he station.<br>whether the st<br>ther "N" (for mo-<br>procommercial<br>page (v) of the<br>the local servage (v) of the<br>the local servage (v) of the<br>the basis beca<br>multicast stream<br>or before Ju<br>mitter or an ac-<br>po enter "E". If<br>, see page (v) | period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>orizations:<br>t it in space I (th<br>ation was carried<br>cute basis station<br>report origination<br>cording to its ov<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>ation is a network<br>etwork), "N-M" (<br>I educational), c<br>e general instruct<br>4, you must con<br>accounting period<br>ause of lack of a<br>sem that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>ir U.S. stations, | (1) stations carrie<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>the Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>the program service<br>er-the-air designal<br>column 1 (list eac<br>the television stat<br>ington, D.C. This<br>with station, an inder<br>for network multion<br>or "E-M" (for nonco-<br>ctions located in the<br>mplete column 5,<br>od. Indicate by en<br>inctivated channel<br>subject to a royalty<br>tween a cable sy<br>senting the prima<br>channel on any o<br>instructions located<br>list the community | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizi  | ng multiple char  | nnel line-ups,   | use a separate  | space G for each   | channel line-up.   |   |
|   |   | CHANN  | EL LINE-UP  | AD   |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
|   |   |  |   |  |  |   |
|   |   |  |   |  |  |   |
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|   |   |  |   |  |  |   |
|   |   |  |   |  |  |   |

| FORM SA3E. PAGE 3.   |  |   |   |  |  |   |
|--|--|---|---|--|--|---|
| LEGAL NAME OF OW   |  | /STEM:  |   |  | SYSTEM ID#   | Name  |
| CABLE ONE,   | NC.  |   |   |  | 006437   |   |
| PRIMARY TRANSMIT   | ERS: TELEVISIO   | ON  |   |  |  |   |
| In General: In space<br>carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7<br>substitute program ba<br>Substitute program ba<br>Substitute Basis<br>basis under specifc F<br>• Do not list the station<br>station was carried<br>• List the station here<br>basis. For further<br>in the paper SA3 f<br>Column 1: List ea<br>each multicast stream<br>cast stream as "WET<br>Column 2: Give th<br>its community of licer<br>on which your cable s<br>Column 3: Indical<br>educational station, b<br>(for independent multi<br>For the meaning of th<br>Column 4: If the s<br>planation of local ser<br>Column 5: If you<br>cable system carried<br>carried the distant stat<br>For the retransmis<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). Foi<br>explanation of these<br>Column 6: Give the | G, identify even<br>system during ti<br>tions in effect or<br>6.61(e)(2) and (<br>asis, as explained<br><b>Stations:</b> With in<br>CC rules, regula<br>n here in space<br>d only on a subs<br>, and also in space<br>orm.<br>ch station's call<br>n associated with<br>A-2". Simulcast<br>the channel number<br>ises. For example<br>system carried th<br>e in each case of<br>y entering the left<br>icast), "E" (for messe terms, see<br>tation is outside<br>vice area, see prave entered "Ye<br>the distant static<br>tion on a part-tin<br>sion of a distant<br>the entered into o<br>a primary trans<br>simulcasts, also<br>hree categories<br>the location of eat | y television st<br>he accounting<br>n June 24, 19<br>4), or 76.63 (r<br>d in the next  <br>respect to any<br>ations, or auth<br>G—but do liss<br>titute basis.<br>ace I, if the state<br>erning substit<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha-<br>ne station.<br>whether the st<br>teter "N" (for monocommercia<br>page (v) of the<br>the local servage (v) of the local servage (v) of the<br>the local servage (v) of the local servage (v) of the | period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>orizations:<br>t it in space I (th<br>ation was carried<br>cute basis station<br>report origination<br>cording to its ov<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>ation is a network<br>etwork), "N-M" (<br>I educational), c<br>e general instruct<br>4, you must con<br>accounting period<br>ause of lack of a<br>sem that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>ir U.S. stations, | (1) stations carrie<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>the Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>the rogram service<br>er-the-air designal<br>column 1 (list each<br>the television stat<br>ington, D.C. This<br>rrk station, an inde<br>for network multion<br>or "E-M" (for nonco-<br>ctions located in the<br>mplete column 5,<br>od. Indicate by en<br>inctivated channel<br>subject to a royalty<br>tween a cable sy-<br>senting the prima<br>channel on any of<br>instructions located<br>list the community | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utiliz  | ng multiple char   | nnel line-ups,  | use a separate  | space G for each   | channel line-up.   |   |
|  |  | CHANN   | EL LINE-UP  | AE   |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
|  |  |   |   |  |  |   |
|  |  |   |   |  |  |   |
|  |  |   |   |  |  |   |
|  |  |   |   |  |  |   |
|  |  |   |   |  |  |   |

| LEGAL NAME OF OWN  |   | STEM:  |   |   | SYSTEM ID#<br>006437   | Name                        |
|--|---|--|---|---|--|-----------------------------|
|  |   | N  |   |   | 000437   |                             |
|  |   |  | tin a fin al valia a  |   |  |                             |
|  | · · ·   | ,  | · · ·   |   | and low power television stations)<br>d only on a part-time basis under  | G                           |
| CC rules and regulati  | ons in effect or  | 1 June 24, 19  | 81, permitting th   | e carriage of certa   | ain network programs [sections   |                             |
|  |   |  | •   | 1(e)(2) and (4))]; a  | nd (2) certain stations carried on a   | Primary                     |
| ubstitute program bas<br>Substitute Basis S  |   |  |   | s carried by your c   | able system on a substitute program  | Transmitters:<br>Television |
| asis under specifc FC  |   |  | •   | · · · · · · · · · · · · · · · · · · ·   |  |                             |
|  | •   |  | t it in space I (th   | e Special Stateme   | ent and Program Log)—if the  |                             |
| station was carried  | ,   |  | ation was carried   | t both on a substit   | ute basis and also on some other   |                             |
| basis. For further in  | formation conc  |  |   |   | f the general instructions located   |                             |
| in the paper SA3 fo  |   | sian. Do not r   | roport origination  | a program convico   | such as HPO ESPN ata Identify  |                             |
|  |   | -  |   |   | s such as HBO, ESPN, etc. Identify<br>ion. For example, report multi-  |                             |
|  |   |  | •   | •   | stream separately; for example   |                             |
| VETA-simulcast).   |   | ar the FOO k   |   | the television stati  | on for broadcasting over the sir in  |                             |
|  |   |  |   |   | on for broadcasting over-the-air in<br>may be different from the channel   |                             |
| on which your cable sy   | stem carried th   | ne station.  |   | 0   | 2  |                             |
|  |   |  |   |   | pendent station, or a noncommercial  |                             |
|  | •   | •  |   |   | ast), "I" (for independent), "I-M"<br>mmercial educational multicast).   |                             |
| or the meaning of the  | se terms, see   | page (v) of the  | e general instruc   | ctions located in th  | e paper SA3 form.  |                             |
|  |   |  |   |   | s". If not, enter "No". For an ex-   |                             |
| blanation of local servi<br>Column 5: If you ha  |   |  |   |   | stating the basis on which your  |                             |
| •  |   |  |   | •   | ering "LAC" if your cable system   |                             |
| carried the distant stat   | •   |  |   |   |  |                             |
|  |   | mullicast site   |   |   | payment because it is the subject  |                             |
| ot a written agreement   | entered into or   | n or before Ju   | une 30. 2009. be  | tween a cable sve   | stem or an association representing  |                             |
| •  |   |  |   |   | stem or an association representing<br>y transmitter, enter the designa-   |                             |
| the cable system and a tion "E" (exempt). For s  | a primary transi<br>simulcasts, also  | mitter or an a<br>o enter "E". If  | ssociation repre<br>you carried the   | senting the prima<br>channel on any ot  | y transmitter, enter the designa-<br>her basis, enter "O." For a further   |                             |
| he cable system and a<br>ion "E" (exempt). For s<br>explanation of these th  | a primary transi<br>simulcasts, also<br>iree categories   | mitter or an a<br>o enter "E". If<br>, see page (v)  | ssociation repre<br>you carried the<br>) of the general i   | senting the prima<br>channel on any ot<br>instructions locate   | y transmitter, enter the designa-  |                             |
| the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C                                      | a primary transi<br>simulcasts, also<br>ree categories<br>e location of ea<br>Canadian statio   | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv   | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>ve the name of th   | senting the prima<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with  | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.                     |                             |
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| he cable system and a<br>ion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizin    | a primary transi<br>simulcasts, also<br>aree categories.<br>e location of ea<br>Canadian statio<br>ig multiple char<br>2. B'CAST<br>CHANNEL | mitter or an a<br>p enter "E". If<br>, see page (v<br>ch station. Fc<br>ns, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | ssociation repre<br>you carried the<br>) of the general is<br>or U.S. stations,<br>re the name of th<br>use a separate<br>IEL LINE-UP<br>4. DISTANT?<br>(Yes or No) | senting the prima<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AF<br>5. BASIS OF<br>CARRIAGE | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up. |                             |
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| the cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizin | a primary transi<br>simulcasts, also<br>aree categories.<br>e location of ea<br>Canadian statio<br>ig multiple char<br>2. B'CAST<br>CHANNEL | mitter or an a<br>p enter "E". If<br>, see page (v<br>ch station. Fc<br>ns, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | ssociation repre<br>you carried the<br>) of the general is<br>or U.S. stations,<br>re the name of th<br>use a separate<br>IEL LINE-UP<br>4. DISTANT?<br>(Yes or No) | senting the prima<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AF<br>5. BASIS OF<br>CARRIAGE | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up. |                             |
| the cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizin | a primary transi<br>simulcasts, also<br>aree categories.<br>e location of ea<br>Canadian statio<br>ig multiple char<br>2. B'CAST<br>CHANNEL | mitter or an a<br>p enter "E". If<br>, see page (v<br>ch station. Fc<br>ns, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | ssociation repre<br>you carried the<br>) of the general is<br>or U.S. stations,<br>re the name of th<br>use a separate<br>IEL LINE-UP<br>4. DISTANT?<br>(Yes or No) | senting the prima<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AF<br>5. BASIS OF<br>CARRIAGE | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up. |                             |

| LEGAL NAME OF OWNER OF CABLE SYS<br>CABLE ONE, INC.  |  |  |  |  |   |
|--|--|--|--|--|---|
| ,  | STEM:  |  |  | SYSTEM ID#   | Name  |
|  |  |  |  | 006437   |   |
| PRIMARY TRANSMITTERS: TELEVISIO  | N  |  |  |  |   |
| In General: In space G, identify every<br>carried by your cable system during th<br>FCC rules and regulations in effect on<br>76.59(d)(2) and (4), 76.61(e)(2) and (4<br>substitute program basis, as explained<br>Substitute program basis, as explained<br>Substitute Basis Stations: With re<br>basis under specifc FCC rules, regulat<br>• Do not list the station here in space G<br>station was carried only on a substi<br>• List the station here, and also in space<br>basis. For further information conce<br>in the paper SA3 form.<br>Column 1: List each station's call se<br>each multicast stream associated with<br>cast stream as "WETA-2". Simulcast s<br>WETA-simulcast).<br>Column 2: Give the channel numb<br>its community of license. For example<br>on which your cable system carried th<br>Column 3: Indicate in each case w<br>educational station, by entering the left<br>(for independent multicast), "E" (for no<br>For the meaning of these terms, see p<br>Column 5: If you have entered "Ye<br>cable system carried the distant station<br>carried the distant station on a part-tim<br>For the retransmission of a distant<br>of a written agreement entered into on<br>the cable system and a primary transm<br>tion "E" (exempt). For simulcasts, also<br>explanation of these three categories,<br>Column 6: Give the location of eact | r television station<br>he accounting per<br>of June 24, 1981, j<br>4), or 76.63 (refer<br>d in the next para<br>espect to any dis-<br>tions, or authoriz<br>G—but do list it in-<br>itute basis.<br>ce I, if the station<br>erning substitute<br>sign. Do not repor-<br>a station accord<br>streams must be<br>ere the FCC has a<br>, WRC is Channe<br>e station.<br>whether the station<br>ter "N" (for netwo<br>oncommercial ed<br>bage (v) of the gen<br>the local service<br>ige (v) of the gen<br>ses in column 4, y<br>in during the accord<br>multicast stream<br>nor before June 3<br>nitter or an assoo<br>o enter "E". If you<br>see page (v) of the<br>station. For U. | ariod, except<br>permitting th<br>prining to 76.67<br>agraph.<br>stant stations<br>zations:<br>in space I (the<br>basis station<br>of origination<br>ding to its ove<br>reported in or<br>assigned to t<br>el 4 in Wash<br>on is a netwo<br>ork), "N-M" (f<br>lucational), o<br>eneral instruction<br>you must com<br>ounting period<br>e of lack of a<br>in that is not s<br>30, 2009, be<br>ciation repre-<br>i carried the of<br>the general i<br>.S. stations, I | (1) stations carrie<br>e carriage of cert<br>1(e)(2) and (4))]; a<br>carried by your of<br>e Special Stateme<br>I both on a substitutes<br>both on a substitutes<br>ins, see page (v) of<br>program service<br>er-the-air designat<br>column 1 (list each<br>che television stat<br>ington, D.C. This<br>rk station, an inde<br>for network multion<br>r "E-M" (for noncor<br>tions located in the<br>instant"), enter "Ye<br>ons located in the<br>instant"), enter "Ye<br>ons located in the<br>nplete column 5,<br>id. Indicate by en-<br>ctivated channel of<br>ubject to a royalty<br>tween a cable sys-<br>senting the prima<br>channel on any of<br>nstructions located | d only on a part-time basis under<br>ain network programs [sections<br>and (2) certain stations carried on a<br>able system on a substitute program<br>ent and Program Log)—if the<br>ute basis and also on some other<br>f the general instructions located<br>s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example<br>on for broadcasting over-the-air in<br>may be different from the channel<br>spendent station, or a noncommercial<br>ast), "I" (for independent), "I-M"<br>mmercial educational multicast).<br>the paper SA3 form.<br>s". If not, enter "No". For an ex-<br>paper SA3 form.<br>stating the basis on which your<br>ering "LAC" if your cable system<br>iapacity.<br>payment because it is the subject<br>stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form. | G<br>Primary<br>Transmitters:<br>Television |
| Notes If you are utilizing and the last  |  | he name of th  | e community with   | which the station is identifed.  |   |
| note: Il you are utilizing multiple chan   | nel line-ups, use  |  | -  | which the station is identifed.  |   |
| Note: II you are utilizing multiple chan   | nel line-ups, use  | e a separate :   | space G for each   | which the station is identifed.  |   |
|  | CHANNEL           3. TYPE         4. [   | e a separate :<br>LINE-UP  | space G for each   | which the station is identifed.  |   |
| 1. CALL 2. B'CAST<br>SIGN CHANNEL  | CHANNEL<br>3. TYPE<br>OF ()  | a separate s<br>LINE-UP<br>DISTANT?  | space G for each<br>AG<br>5. BASIS OF<br>CARRIAGE  | which the station is identifed.<br>channel line-up.  |   |
| 1. CALL 2. B'CAST<br>SIGN CHANNEL  | CHANNEL<br>3. TYPE<br>OF ()  | a separate s<br>LINE-UP<br>DISTANT?  | space G for each<br>AG<br>5. BASIS OF<br>CARRIAGE  | which the station is identifed.<br>channel line-up.  |   |
| 1. CALL 2. B'CAST<br>SIGN CHANNEL  | CHANNEL<br>3. TYPE<br>OF ()  | a separate s<br>LINE-UP<br>DISTANT?  | space G for each<br>AG<br>5. BASIS OF<br>CARRIAGE  | which the station is identifed.<br>channel line-up.  |   |
| SIGN CHANNEL   | CHANNEL<br>3. TYPE<br>OF ()  | a separate s<br>LINE-UP<br>DISTANT?  | space G for each<br>AG<br>5. BASIS OF<br>CARRIAGE  | which the station is identifed.<br>channel line-up.  |   |

| LEGAL NAME OF OWN   |  | /STEM:   |  |  | SYSTEM ID#<br>006437   | Name          |
|---|--|--|--|--|--|---------------|
|   |  |  |  |  | 000437   |               |
|   | G, identify ever   | y television st  | · · ·  |  | and low power television stations)<br>d only on a part-time basis under  | G             |
| CC rules and regulat  | ions in effect or  | 1 June 24, 19  | 81, permitting th  | e carriage of certa  | ain network programs [sections<br>and (2) certain stations carried on a  | Primary       |
| ubstitute program bas   |  |  | •  | (0)( <u>2</u> ) and (1))], c   |  | Transmitters: |
| Substitute Basis S<br>asis under specifc FC   |  | •  | •  | s carried by your c  | able system on a substitute program  | Television    |
| •   | , 0  | ,  |  | e Special Stateme  | ent and Program Log)—if the  |               |
|   | and also in spa  | ice I, if the sta  |  |  | ute basis and also on some other<br>f the general instructions located   |               |
| in the paper SA3 fo   | rm.  | -  |  |  | -  |               |
|   |  | -  |  |  | s such as HBO, ESPN, etc. Identify<br>ion. For example, report multi-  |               |
| ast stream as "WETA<br>VETA-simulcast).   | -2". Simulcast   | streams must   | t be reported in o   | column 1 (list each  | stream separately; for example   |               |
|   |  |  |  |  | on for broadcasting over-the-air in<br>may be different from the channel   |               |
| on which your cable sy  | /stem carried th   | ne station.  |  | 0  | pendent station, or a noncommercial  |               |
|   | •  |  |  |  | ast), "I" (for independent), "I-M"   |               |
| for independent multic  | <i>,,</i> (  |  | <i>,</i> ,   | ``   | mmercial educational multicast).<br>le paper SA3 form.   |               |
| Column 4: If the st   | ation is outside   | the local service  | vice area, (i.e. "c  | listant"), enter "Ye   | s". If not, enter "No". For an ex-   |               |
| lanation of local servi   |  |  |  |  | paper SA3 form.<br>stating the basis on which your   |               |
| ,   |  |  |  | •  | ering "LAC" if your cable system   |               |
| arried the distant stat   | ion on a part-tir  | ne basis beca  | ause of lack of a  | ctivated channel of  | capacity.  |               |
|   |  |  |  |  | payment because it is the subject stem or an association representing  |               |
| Ũ   |  |  | 111e JU, 2009, De  |  |  |               |
| ne cable system and a   | a primary trans  |  |  |  | y transmitter, enter the designa-  |               |
| ion "E" (exempt). For   | simulcasts, also   | mitter or an a<br>o enter "E". If  | ssociation repre<br>you carried the  | senting the prima<br>channel on any ot   | y transmitter, enter the designa-<br>her basis, enter "O." For a further   |               |
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| ion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or O<br><b>Note:</b> If you are utilizin  | simulcasts, also<br>aree categories<br>e location of ea<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL | mitter or an a<br>p enter "E". If<br>, see page (v<br>ch station. Fc<br>ns, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>re the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No) | senting the prima<br>channel on any ot<br>instructions locate<br>list the community<br>e community with<br>space G for each<br>AH<br>5. BASIS OF<br>CARRIAGE | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up. |               |
| ion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or O<br><b>Note:</b> If you are utilizin  | simulcasts, also<br>aree categories<br>e location of ea<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL | mitter or an a<br>p enter "E". If<br>, see page (v<br>ch station. Fc<br>ns, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>re the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No) | senting the prima<br>channel on any ot<br>instructions locate<br>list the community<br>e community with<br>space G for each<br>AH<br>5. BASIS OF<br>CARRIAGE | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up. |               |

| FORM SA3E. PAGE 3.   |  |  |   |  |  |   |
|--|--|--|---|--|--|---|
| LEGAL NAME OF OW   |  | /STEM:   |   |  | SYSTEM ID#   | Name  |
| CABLE ONE, I   | NC.  |  |   |  | 006437   |   |
| PRIMARY TRANSMIT   | ERS: TELEVISIO   | DN   |   |  |  |   |
| In General: In space<br>carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7<br>substitute program ba<br>Substitute program ba<br>Substitute Basis<br>basis under specifc F<br>• Do not list the station<br>station was carried<br>• List the station here<br>basis. For further i<br>in the paper SA3 f<br>Column 1: List ea<br>each multicast stream<br>cast stream as "WET<br>Column 2: Give th<br>its community of licer<br>on which your cable s<br>Column 3: Indicat<br>educational station, b<br>(for independent mult<br>For the meaning of th<br>Column 4: If the s<br>planation of local sen<br>Column 5: If you I<br>cable system carried<br>carried the distant sta<br>For the retransmis<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these f | G, identify even<br>system during ti<br>tions in effect or<br>6.61(e)(2) and (<br>asis, as explained<br><b>Stations:</b> With in<br>CC rules, regula<br>n here in space<br>d only on a subs<br>, and also in space<br>orm.<br>ch station's call<br>n associated with<br>A-2". Simulcast<br>the channel number<br>ises. For example<br>system carried th<br>e in each case of<br>y entering the left<br>icast), "E" (for messe terms, see<br>tation is outside<br>vice area, see prave entered "Ye<br>the distant static<br>tion on a part-tin<br>sion of a distant<br>the entered into o<br>a primary trans<br>simulcasts, also<br>hree categories<br>the location of eat | y television st<br>he accounting<br>n June 24, 194<br>4), or 76.63 (r<br>d in the next y<br>respect to any<br>ations, or auth<br>G—but do lisi<br>titute basis.<br>Ince I, if the staterning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>de, WRC is Cha<br>he station.<br>whether the st<br>ther "N" (for mo-<br>procommercial<br>page (v) of the<br>the local servage (v) of the<br>the local servage (v) of the<br>the basis beca<br>multicast stream<br>or before Ju<br>mitter or an ac-<br>po enter "E". If<br>, see page (v) | period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>orizations:<br>t it in space I (th<br>ation was carried<br>cute basis station<br>report origination<br>cording to its ov<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>ation is a network<br>etwork), "N-M" (<br>I educational), c<br>e general instruct<br>4, you must con<br>accounting period<br>ause of lack of a<br>sem that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>ir U.S. stations, | (1) stations carrie<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>the Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>the rogram service<br>er-the-air designal<br>column 1 (list each<br>the television stat<br>ington, D.C. This<br>with station, an inder<br>for network multion<br>or "E-M" (for nonco-<br>ctions located in the<br>mplete column 5,<br>od. Indicate by en<br>inctivated channel<br>subject to a royalty<br>tween a cable sy-<br>senting the prima<br>channel on any of<br>instructions located<br>list the community | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizi   | ng multiple char   | nnel line-ups,   | use a separate  | space G for each   | channel line-up.   |   |
|  |  | CHANN  | EL LINE-UP  | AI   |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
|  |  |  |   |  |  |   |
|  |  |  |   |  |  |   |
|  |  |  |   |  |  |   |
|  |  |  |   |  |  |   |
|  |  |  |   |  |  |   |

| LEGAL NAME OF OW  |   | /STEM:  |  |   | SYSTEM ID#   | Name  |
|---|---|---|--|---|--|---|
| CABLE ONE, I  | NC.   |   |  |   | 006437   |   |
| PRIMARY TRANSMITT   | ERS: TELEVISIO  | ON  |  |   |  |   |
| In General: In space<br>carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7<br>substitute program ba<br>Substitute program ba<br>Substitute Basis<br>basis under specifc F<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further in<br>in the paper SA3 fo<br>Column 1: List ea<br>each multicast stream<br>cast stream as "WETA-<br>WETA-simulcast).<br>Column 2: Give th<br>its community of licen<br>on which your cable s<br>Column 3: Indicat<br>educational station, b<br>(for independent mult<br>For the meaning of th<br>Column 5: If you f<br>cable system carried 1<br>carried the distant sta<br>For the retransmis<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these t<br>Column 6: Give th | G, identify even<br>system duringt<br>system duringt<br>tions in effect or<br>6.61(e)(2) and (<br>isis, as explaine<br><b>Stations:</b> With I<br>CC rules, regula<br>n here in space<br>I only on a subs<br>and also in spa<br>nformation conc<br>orm.<br>ch station's call<br>a associated with<br>A-2". Simulcast<br>the channel numl<br>se. For example<br>ystem carried th<br>e in each case w<br>y entering the le<br>icast), "E" (for n<br>ese terms, see<br>tation is outside<br>rice area, see p<br>have entered "Y"<br>the distant static<br>tion on a part-tin<br>sion of a distant<br>t entered into o<br>a primary trans<br>simulcasts, also<br>hree categories<br>te location of ea | y television st<br>he accounting<br>n June 24, 194<br>4), or 76.63 (r<br>respect to any<br>ations, or auth<br>G—but do lisi<br>titute basis.<br>ace I, if the sta<br>serning substit<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>he station.<br>whether the st<br>teter "N" (for monocommercial<br>page (v) of the<br>the local servage (v) of the<br>ser in column<br>on during the a<br>multicast streat<br>nor before Ju<br>mitter or an ac<br>o enter "E". If<br>, see page (v) | period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>distant stations<br>orizations:<br>t it in space I (th<br>ation was carried<br>cute basis station<br>report origination<br>cording to its ov<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>ation is a network<br>etwork), "N-M" (<br>I educational), c<br>e general instruct<br>4, you must con<br>accounting period<br>ause of lack of a<br>sem that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>o f the general<br>ir U.S. stations, | (1) stations carrie<br>he carriage of cert<br>1(e)(2) and (4))];<br>is carried by your of<br>he Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>he program service<br>er-the-air designa-<br>column 1 (list eac<br>column 1 (list eac<br>the television stat<br>hington, D.C. This<br>with station, an inde<br>for network multion<br>or "E-M" (for nonco-<br>ctions located in the<br>mplete column 5,<br>bot. Indicate by en-<br>subject to a royalty<br>stween a cable sy<br>senting the prima<br>channel on any o<br>instructions located<br>list the community | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizi  | ng multiple char  | nnel line-ups,  | use a separate   | space G for each  | channel line-up.   |   |
|   |   | CHANN   | EL LINE-UP   | AJ  |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
|   |   |   |  |   |  |   |
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| FORM SA3E. PAGE 3.   |  |   |   |   |  |   |
|--|--|---|---|---|--|---|
| LEGAL NAME OF OWN  | NER OF CABLE SY  | STEM:   |   |   | SYSTEM ID#   | Namo  |
| CABLE ONE, IN  | NC.  |   |   |   | 006437   |   |
| PRIMARY TRANSMITTE   | ERS: TELEVISIO   | DN  |   |   |  |   |
| In General: In space C<br>carried by your cable s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas<br>Substitute program bas<br>Substitute Basis S<br>basis under specifc FC<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further in<br>in the paper SA3 fo<br>Column 1: List eace<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>its community of licens<br>on which your cable sy<br>Column 3: Indicate<br>educational station, by<br>(for independent multic<br>For the meaning of the<br>Column 4: If the stat<br>planation of local servi<br>Column 5: If you has | G, identify even<br>system during<br>system during<br>6.61(e)(2) and (<br>sis, as explaine<br><b>Stations:</b> With n<br>CC rules, regula<br>here in space<br>only on a subs<br>and also in spa<br>formation conc<br>rm.<br>th station's call<br>associated with<br>-2". Simulcast<br>e channel numb<br>system carried th<br>a in each case w<br>w entering the le<br>cast), "E" (for no<br>sea terms, see p<br>ation is outside<br>ice area, see pa<br>ave entered "Yo<br>he distant static | y television st<br>ne accounting<br>n June 24, 19<br>4), or 76.63 (i<br>d in the next<br>respect to any<br>titions, or auth<br>G—but do lis<br>titute basis.<br>title basis.<br>title basis.<br>title basis.<br>title basis.<br>title basis.<br>title basis<br>sign. Do not in<br>n a station ac<br>streams must<br>ber the FCC h<br>e station.<br>whether the si<br>tter "N" (for n<br>oncommercia<br>bage (v) of the<br>the local sen<br>age (v) of the<br>the basis beca | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>y distant stations<br>orizations:<br>at it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its ow<br>t be reported in or<br>annel 4 in Wash<br>tation is a netwo<br>retwork), "N-M" (<br>al educational), o<br>e general instruct<br>of general instruct<br>4, you must cor<br>accounting period<br>ause of lack of a | (1) stations carrie<br>the carriage of certa<br>1(e)(2) and (4))]; a<br>s carried by your c<br>the Special Stateme<br>d both on a substit<br>ns, see page (v) o<br>n program services<br>er-the-air designal<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>with station, an inde<br>for network multic<br>or "E-M" (for nonco<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, s<br>od. Indicate by ent<br>ictivated channel co | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>stating the basis on which your<br>ering "LAC" if your cable system<br>capacity.  | G<br>Primary<br>Transmitters:<br>Television |
| For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C   | sion of a distant<br>t entered into or<br>a primary trans<br>simulcasts, also<br>nree categories<br>e location of ea<br>Canadian statio  | n or before Ju<br>mitter or an a<br>p enter "E". If<br>, see page (v<br>ch station. Fo<br>ns, if any, giv   | une 30, 2009, be<br>issociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>ve the name of th  | etween a cable systemating the primari<br>channel on any ot<br>instructions locate<br>list the community<br>and community with  | payment because it is the subject<br>stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed. |   |
| For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C   | sion of a distant<br>t entered into or<br>a primary trans<br>simulcasts, also<br>nree categories<br>e location of ea<br>Canadian statio  | n or before Ju<br>mitter or an a<br>p enter "E". If<br>, see page (v<br>ch station. Fo<br>ns, if any, giv<br>anel line-ups,   | une 30, 2009, be<br>association repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>re the name of th<br>use a separate  | etween a cable systemating the primaric<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.                                       |   |
| For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C   | sion of a distant<br>t entered into or<br>a primary trans<br>simulcasts, also<br>nree categories<br>e location of ea<br>Canadian statio  | n or before Ju<br>mitter or an a<br>p enter "E". If<br>, see page (v<br>ch station. Fo<br>ns, if any, giv<br>anel line-ups,   | une 30, 2009, be<br>issociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>ve the name of th  | etween a cable systemating the primaric<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.                                       |   |
| For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C   | sion of a distant<br>t entered into or<br>a primary trans<br>simulcasts, also<br>nree categories<br>e location of ea<br>Canadian statio  | n or before Ju<br>mitter or an a<br>p enter "E". If<br>, see page (v<br>ch station. Fo<br>ns, if any, giv<br>anel line-ups,   | une 30, 2009, be<br>association repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>re the name of th<br>use a separate  | etween a cable systemating the primaric<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.                                       | -   |
| For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizin   | sion of a distant<br>t entered into or<br>a primary trans<br>simulcasts, also<br>rree categories<br>e location of ea<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL  | n or before Ju<br>mitter or an a<br>p enter "E". If<br>, see page (v<br>ch station. Fo<br>ns, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF  | une 30, 2009, be<br>association repre-<br>you carried the<br>) of the general is<br>or U.S. stations,<br>re the name of th<br>use a separate<br><b>IEL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | etween a cable systematic the primaric channel on any of instructions locate list the community with space G for each <b>AK</b><br>5. BASIS OF CARRIAGE   | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                   |   |
| For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizin   | sion of a distant<br>t entered into oi<br>a primary trans<br>simulcasts, also<br>nee categories<br>e location of ea<br>Canadian statio<br>ng multiple char   | n or before Ju<br>mitter or an a<br>p enter "E". If<br>, see page (v<br>ch station. Fo<br>ns, if any, giv<br>anel line-ups,<br><b>CHANN</b><br>3. TYPE  | une 30, 2009, be<br>association repre-<br>you carried the<br>) of the general is<br>or U.S. stations,<br>re the name of th<br>use a separate<br><b>IEL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | etween a cable systematic channel on any of instructions locate list the community with space G for each <b>AK</b> 5. BASIS OF  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                   |   |
| For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizin   | sion of a distant<br>t entered into or<br>a primary trans<br>simulcasts, also<br>rree categories<br>e location of ea<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL  | n or before Ju<br>mitter or an a<br>p enter "E". If<br>, see page (v<br>ch station. Fo<br>ns, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF  | une 30, 2009, be<br>association repre-<br>you carried the<br>) of the general is<br>or U.S. stations,<br>re the name of th<br>use a separate<br><b>IEL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | etween a cable systematic the primaric channel on any of instructions locate list the community with space G for each <b>AK</b><br>5. BASIS OF CARRIAGE   | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                   |   |
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|   | WNER OF CABLE S  | YSTEM:  |   |  | SYSTEM ID#   | Name  |
| CABLE ONE   | , INC.   |   |   |  | 006437   |   |
| PRIMARY TRANSM  | TTERS: TELEVISIO   | N   |   |  |  |   |
| In General: In spar<br>carried by your cab<br>FCC rules and regu<br>76.59(d)(2) and (4)<br>substitute program<br><b>Substitute Bas</b><br>basis under specific<br>• Do not list the sta<br>station was carr<br>• List the station he<br>basis. For further<br>in the paper SA<br><b>Column 1:</b> List<br>each multicast stre<br>cast stream as "WE<br>WETA-simulcast).<br><b>Column 2:</b> Give<br>its community of lic<br>on which your cable<br><b>Column 3:</b> Indice<br>educational station<br>(for independent m<br>For the meaning of<br><b>Column 5:</b> If yo<br>cable system carried<br>arried the distant as<br>For the retransm<br>of a written agreem<br>the cable system a<br>tion "E" (exempt). F<br>explanation of thes<br><b>Column 6:</b> Give | ce G, identify ever<br>le system during t<br>ulations in effect or<br>, 76.61(e)(2) and (<br>basis, as explaine<br>is <b>Stations:</b> With<br>the FCC rules, regula-<br>tion here in space<br>ied only on a subs<br>re, and also in space<br>re information cond<br>3 form.<br>each station's call<br>am associated with<br>ETA-2". Simulcast<br>the channel numl<br>ense. For example<br>a system carried th<br>cate in each case w<br>by entering the le<br>ulticast), "E" (for n<br>these terms, see<br>a station is outside<br>ervice area, see pu<br>u have entered "Y<br>do the distant station<br>station on a part-tin<br>ission of a distant<br>ent entered into o<br>and a primary trans<br>for simulcasts, alse<br>the location of eat | y television st<br>he accounting<br>n June 24, 19<br>4), or 76.63 (r<br>ed in the next  <br>respect to any<br>ations, or auth<br>G—but do lis<br>titute basis.<br>ace I, if the sta<br>cerning substif<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>ne station.<br>whether the st<br>etter "N" (for moncommercia<br>page (v) of the<br>the local servage (v) of the<br>es" in column<br>on during the a<br>multicast stream<br>n or before Ju<br>mitter or an ac<br>o enter "E". If<br>, see page (v)<br>ch station. For | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>/ distant stations:<br>orizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its ov<br>be reported in or<br>has assigned to<br>annel 4 in Wash<br>tation is a network<br>etwork), "N-M" (<br>I educational), c<br>e general instruct<br>4, you must con<br>accounting period<br>ause of lack of a<br>seam that is not s<br>inne 30, 2009, be<br>ssociation repre<br>you carried the<br>) of the general<br>in rU.S. stations, | (1) stations carrie<br>he carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>he Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>h program service<br>er-the-air designa<br>column 1 (list eac<br>the television stat<br>hington, D.C. This<br>or k station, an inde<br>for network multio<br>or "E-M" (for nonco-<br>ctions located in the<br>mplete column 5,<br>bot. Indicate by en<br>activated channel<br>subject to a royalty<br>steen a cable sy<br>senting the prima<br>channel on any o<br>instructions located<br>list the community | stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are uti  | lizing multiple chai   |   |   |  | channel line-up.   |   |
|   |  | CHANN   | EL LINE-UP  | AL   |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
|   |  |   |   |  |  |   |
|   |  |   |   |  |  |   |
|   |  |   |   |  |  |   |
|   |  |   |   |  |  |   |
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|   |  |   |   |  |  |   |

| LEGAL NAME OF OWNER OF CABLE   |   |   |  |   |   |
|--|---|---|--|---|---|
|  | SYSTEM:   |   |  | SYSTEM ID#  | Name  |
| CABLE ONE, INC.  |   |   |  | 006437  |   |
| PRIMARY TRANSMITTERS: TELEVIS  | ION   |   |  |   |   |
| In General: In space G, identify ever<br>carried by your cable system during<br>FCC rules and regulations in effect<br>76.59(d)(2) and (4), 76.61(e)(2) and<br>substitute program basis, as explain<br>Substitute Basis Stations: With<br>basis under specifc FCC rules, regu-<br>bo not list the station here in space<br>station was carried only on a sub<br>• List the station here, and also in sp<br>basis. For further information con<br>in the paper SA3 form.<br>Column 1: List each station's car<br>each multicast stream associated w<br>cast stream as "WETA-2". Simulcast<br>WETA-simulcast).<br>Column 2: Give the channel nur<br>its community of license. For examp<br>on which your cable system carried<br>Column 3: Indicate in each case<br>educational station, by entering the<br>(for independent multicast), "E" (for<br>For the meaning of these terms, see<br>Column 5: If you have entered "<br>cable system carried the distant stat<br>carried the distant station on a part- | ery television static<br>the accounting pe<br>on June 24, 1981,<br>I (4), or 76.63 (refe<br>eed in the next par<br>n respect to any di-<br>illations, or authoriz<br>e G—but do list it<br>ostitute basis.<br>bace I, if the station<br>incerning substitute<br>II sign. Do not repu-<br>ith a station accoun-<br>it streams must be<br>nber the FCC has<br>ble, WRC is Chann<br>the station.<br>whether the statio<br>letter "N" (for network<br>noncommercial ec-<br>e page (v) of the ge<br>page (v) of the gen<br>page (v) of the gen<br>the basis becaus<br>nt multicast stream | eriod, except<br>, permitting th<br>erring to 76.67<br>ragraph.<br>istant stations<br>izations:<br>in space I (the<br>on was carried<br>e basis station<br>port origination<br>rding to its ove<br>e reported in c<br>s assigned to t<br>nel 4 in Wash<br>ion is a netwo<br>work), "N-M" (f<br>ducational), o<br>general instruct<br>e area, (i.e. "d<br>meral instruct<br>you must con<br>counting peric<br>se of lack of a<br>m that is not s | (1) stations carrie<br>e carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>e Special Stateme<br>d both on a substitu-<br>ns, see page (v) of<br>n program service<br>er-the-air designa<br>column 1 (list each<br>the television stat<br>ington, D.C. This<br>rk station, an inde<br>for network multion<br>r "E-M" (for nonco<br>ctions located in the<br>istant"), enter "Ye<br>ons located in the<br>nplete column 5, so<br>ad. Indicate by em-<br>ctivated channel of<br>ubject to a royalty | ed only on a part-time basis under<br>ain network programs [sections<br>and (2) certain stations carried on a<br>sable system on a substitute program<br>ent and Program Log)—if the<br>tute basis and also on some other<br>if the general instructions located<br>s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example<br>ion for broadcasting over-the-air in<br>may be different from the channel<br>ependent station, or a noncommercial<br>ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>he paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system<br>capacity. | G<br>Primary<br>Transmitters:<br>Television |
| tion "E" (exempt). For simulcasts, al<br>explanation of these three categorie<br><b>Column 6:</b> Give the location of e<br>FCC. For Mexican or Canadian stat  | smitter or an asso<br>so enter "E". If you<br>es, see page (v) of<br>each station. For U<br>ions, if any, give th   | u carried the of<br>f the general i<br>J.S. stations, I<br>the name of th   | senting the prima<br>channel on any of<br>nstructions locate<br>list the community<br>ne community with  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>/ to which the station is licensed by the<br>n which the station is identifed.   |   |
| tion "E" (exempt). For simulcasts, al<br>explanation of these three categorie<br><b>Column 6:</b> Give the location of e<br>FCC. For Mexican or Canadian stat  | smitter or an asso<br>so enter "E". If you<br>es, see page (v) of<br>each station. For U<br>ions, if any, give th   | u carried the of<br>f the general i<br>J.S. stations, I<br>the name of th   | senting the prima<br>channel on any of<br>nstructions locate<br>list the community<br>ne community with  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>/ to which the station is licensed by the<br>n which the station is identifed.   |   |
| tion "E" (exempt). For simulcasts, al<br>explanation of these three categorie<br><b>Column 6:</b> Give the location of e<br>FCC. For Mexican or Canadian stat  | asmitter or an asso<br>so enter "E". If you<br>es, see page (v) of<br>each station. For U<br>ions, if any, give th<br>annel line-ups, use   | u carried the of<br>f the general i<br>J.S. stations, I<br>the name of th   | senting the prima<br>channel on any of<br>nstructions locate<br>list the community<br>the community with<br>space G for each   | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>/ to which the station is licensed by the<br>n which the station is identifed.   |   |
| tion "E" (exempt). For simulcasts, al<br>explanation of these three categorie<br><b>Column 6:</b> Give the location of e<br>FCC. For Mexican or Canadian stat  | asmitter or an asso<br>so enter "E". If you<br>es, see page (v) of<br>each station. For U<br>ions, if any, give th<br>annel line-ups, use<br>CHANNEL<br>3. TYPE 4.<br>OF 4.   | u carried the of<br>f the general i<br>J.S. stations, I<br>the name of th<br>as a separate s<br>L LINE-UP   | senting the prima<br>channel on any of<br>nstructions locate<br>list the community<br>the community with<br>space G for each   | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>/ to which the station is licensed by the<br>n which the station is identifed.   |   |
| tion "E" (exempt). For simulcasts, al<br>explanation of these three categorie<br><b>Column 6:</b> Give the location of e<br>FCC. For Mexican or Canadian stat<br><b>Note:</b> If you are utilizing multiple ch<br>1. CALL<br>SIGN 2. B'CAST<br>CHANNE  | asmitter or an asso<br>so enter "E". If you<br>es, see page (v) of<br>each station. For U<br>ions, if any, give th<br>annel line-ups, use<br>CHANNEL<br>3. TYPE 4.<br>OF 4.   | u carried the of<br>f the general i<br>J.S. stations, I<br>the name of the<br>e a separate s<br>L LINE-UP<br>DISTANT?   | senting the prima<br>channel on any of<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AM<br>5. BASIS OF<br>CARRIAGE  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.   |   |
| tion "E" (exempt). For simulcasts, al<br>explanation of these three categorie<br><b>Column 6:</b> Give the location of e<br>FCC. For Mexican or Canadian stat<br><b>Note:</b> If you are utilizing multiple ch<br>1. CALL<br>SIGN 2. B'CAST<br>CHANNE  | asmitter or an asso<br>so enter "E". If you<br>es, see page (v) of<br>each station. For U<br>ions, if any, give th<br>annel line-ups, use<br>CHANNEL<br>3. TYPE 4.<br>OF 4.   | u carried the of<br>f the general i<br>J.S. stations, I<br>the name of the<br>e a separate s<br>L LINE-UP<br>DISTANT?   | senting the prima<br>channel on any of<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AM<br>5. BASIS OF<br>CARRIAGE  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.   |   |
| tion "E" (exempt). For simulcasts, al<br>explanation of these three categorie<br><b>Column 6:</b> Give the location of e<br>FCC. For Mexican or Canadian stat<br><b>Note:</b> If you are utilizing multiple ch<br>1. CALL<br>SIGN 2. B'CAST<br>CHANNE  | asmitter or an asso<br>so enter "E". If you<br>es, see page (v) of<br>each station. For U<br>ions, if any, give th<br>annel line-ups, use<br>CHANNEL<br>3. TYPE 4.<br>OF 4.   | u carried the of<br>f the general i<br>J.S. stations, I<br>the name of the<br>e a separate s<br>L LINE-UP<br>DISTANT?   | senting the prima<br>channel on any of<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AM<br>5. BASIS OF<br>CARRIAGE  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.   |   |
| FCC. For Mexican or Canadian stat<br>Note: If you are utilizing multiple ch<br>1. CALL<br>SIGN<br>2. B'CAST<br>CHANNE  | asmitter or an asso<br>so enter "E". If you<br>es, see page (v) of<br>each station. For U<br>ions, if any, give th<br>annel line-ups, use<br>CHANNEL<br>3. TYPE 4.<br>OF 4.   | u carried the of<br>f the general i<br>J.S. stations, I<br>the name of the<br>e a separate s<br>L LINE-UP<br>DISTANT?   | senting the prima<br>channel on any of<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AM<br>5. BASIS OF<br>CARRIAGE  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.   |   |

| LEGAL NAME OF OWNER OF CABLE SY<br>CABLE ONE, INC.   |   |  |   |   |
|--|---|--|---|---|
| •  | 'STEM:  |  | SYSTEM ID#  | Name  |
|  |   |  | 006437  |   |
| PRIMARY TRANSMITTERS: TELEVISIO  | )N  |  |   |   |
| In General: In space G, identify every<br>carried by your cable system during th<br>FCC rules and regulations in effect om<br>76.59(d)(2) and (4), 76.61(e)(2) and (4<br>substitute program basis, as explained<br>Substitute program basis, as explained<br>Substitute Basis Stations: With m<br>basis under specifc FCC rules, regula<br>• Do not list the station here in space G<br>station was carried only on a subst<br>• List the station here, and also in space<br>basis. For further information conce<br>in the paper SA3 form.<br>Column 1: List each station's call s<br>each multicast stream associated with<br>cast stream as "WETA-2". Simulcast s<br>WETA-simulcast).<br>Column 2: Give the channel numb<br>its community of license. For example<br>on which your cable system carried th<br>Column 3: Indicate in each case w<br>educational station, by entering the left<br>(for independent multicast), "E" (for no<br>For the meaning of these terms, see p<br>Column 5: If you have entered "Ye<br>cable system carried the distant statio<br>carried the distant station on a part-tim<br>For the retransmission of a distant<br>of a written agreement entered into or<br>the cable system and a primary transr<br>tion "E" (exempt). For simulcasts, also<br>explanation of these three categories, | v television station (includin<br>ne accounting period, excep<br>n June 24, 1981, permitting<br>4), or 76.63 (referring to 76.<br>d in the next paragraph.<br>espect to any distant statio<br>tions, or authorizations:<br>G—but do list it in space I (<br>titute basis.<br>ce I, if the station was carri<br>erning substitute basis stati<br>sign. Do not report originati<br>n a station according to its c<br>streams must be reported in<br>over the FCC has assigned to<br>e, WRC is Channel 4 in Was<br>te station.<br>whether the station is a netw<br>tter "N" (for network), "N-M"<br>oncommercial educational),<br>page (v) of the general instru-<br>the local service area, (i.e.<br>age (v) of the general instru-<br>tes in column 4, you must c<br>on during the accounting pe-<br>ne basis because of lack of<br>multicast stream that is not<br>n or before June 30, 2009, I<br>mitter or an association rep<br>o enter "E". If you carried th<br>see page (v) of the general<br>ch station. For U.S. stations | t (1) stations carri<br>the carriage of cer<br>61(e)(2) and (4))];<br>as carried by your<br>the Special Statem<br>ed both on a subst<br>ons, see page (v) of<br>on program service<br>over-the-air designa<br>o column 1 (list eac<br>o the television stat<br>shington, D.C. This<br>vork station, an ind<br>(for network multio<br>or "E-M" (for nonc<br>uctions located in ft<br>omplete column 5,<br>riod. Indicate by er<br>activated channel<br>subject to a royalt<br>between a cable sy<br>resenting the prima<br>e channel on any c<br>l instructions locate,<br>i, list the communit | s and low power television stations)<br>ed only on a part-time basis under<br>ain network programs [sections<br>and (2) certain stations carried on a<br>cable system on a substitute program<br>ent and Program Log)—if the<br>tute basis and also on some other<br>of the general instructions located<br>es such as HBO, ESPN, etc. Identify<br>titon. For example, report multi-<br>h stream separately; for example<br>ion for broadcasting over-the-air in<br>may be different from the channel<br>ependent station, or a noncommercial<br>cast), "I" (for independent), "I-M"<br>commercial educational multicast).<br>he paper SA3 form.<br>es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system<br>capacity.<br>y payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizing multiple chan   | nel line-ups, use a separat   | a snace G for each   |   |   |
|  |   |  |   |   |
|  | CHANNEL LINE-UI   | •  |   |   |
| 1. CALL 2. B'CAST<br>SIGN CHANNEL<br>NUMBER  | CHANNEL LINE-UI<br>3. TYPE 4. DISTANT?<br>OF (Yes or No)<br>STATION   | P AN<br>5. BASIS OF  |   |   |
| SIGN CHANNEL   | 3. TYPE 4. DISTANT?<br>OF (Yes or No)   | <ul> <li>AN</li> <li>5. BASIS OF<br/>CARRIAGE</li> </ul>   | channel line-up.  |   |
| SIGN CHANNEL   | 3. TYPE 4. DISTANT?<br>OF (Yes or No)   | <ul> <li>AN</li> <li>5. BASIS OF<br/>CARRIAGE</li> </ul>   | channel line-up.  |   |
| SIGN CHANNEL   | 3. TYPE 4. DISTANT?<br>OF (Yes or No)   | <ul> <li>AN</li> <li>5. BASIS OF<br/>CARRIAGE</li> </ul>   | channel line-up.  |   |
| SIGN CHANNEL   | 3. TYPE 4. DISTANT?<br>OF (Yes or No)   | <ul> <li>AN</li> <li>5. BASIS OF<br/>CARRIAGE</li> </ul>   | channel line-up.  |   |

| carried by your cable s<br>FCC rules and regulation<br>76.59(d)(2) and (4), 76<br>substitute program bas<br><b>Substitute Basis S</b><br>basis under specifc FC  | IC.<br>RS: TELEVISIO<br>6, identify every<br>ystem during th<br>ons in effect or  | N<br>television stance<br>television stance   |  |  | SYSTEM ID#<br>006437<br>s and low power television stations)   | Name  |
|--|---|---|--|--|--|---|
| PRIMARY TRANSMITTE<br>In General: In space G<br>carried by your cable s<br>FCC rules and regulatio<br>76.59(d)(2) and (4), 76<br>substitute program bas<br>Substitute Basis S<br>basis under specifc FC  | RS: TELEVISIO<br>, identify every<br>ystem during th<br>ons in effect or  | television stand  |  |  | s and low power television stations)   | •   |
| In General: In space G<br>carried by your cable s<br>FCC rules and regulation<br>76.59(d)(2) and (4), 76<br>substitute program bas<br>Substitute Basis S<br>basis under specific FC  | 6, identify every<br>ystem during th<br>ons in effect or  | television stand  |  |  |  | 0   |
| carried by your cable s<br>FCC rules and regulation<br>76.59(d)(2) and (4), 76<br>substitute program bas<br><b>Substitute Basis S</b><br>basis under specifc FC  | ystem during th<br>ons in effect or   | ne accounting   |  |  |  | <b>^</b>                                    |
| station was carried of<br>• List the station here, a<br>basis. For further inti-<br>in the paper SA3 for<br><b>Column 1:</b> List each<br>each multicast stream a<br>cast stream as "WETA-<br>WETA-simulcast).<br><b>Column 2:</b> Give the<br>its community of licens-<br>on which your cable sy<br><b>Column 3:</b> Indicate<br>educational station, by<br>(for independent multic<br>For the meaning of the<br><b>Column 4:</b> If the sta-<br>planation of local service<br><b>Column 5:</b> If you ha<br>cable system carried th<br>carried the distant stati<br>For the retransmissis<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For se<br>explanation of these th<br><b>Column 6:</b> Give the | tations: With r<br>C rules, regula<br>here in space<br>only on a subsi-<br>and also in spa-<br>formation concern.<br>In station's call<br>associated with<br>-2". Simulcast :<br>channel numb<br>e. For example<br>stem carried th<br>in each case w<br>entering the le<br>ast), "E" (for no<br>se terms, see p<br>tion is outside<br>ce area, see pa<br>we entered "Y (for<br>no no a part-tir<br>on of a distant<br>entered into or<br>primary transi-<br>simulcasts, also<br>ree categories. | 4), or 76.63 (r<br>d in the next p<br>espect to any<br>tions, or auth<br>G—but do list<br>itute basis.<br>ce I, if the sta<br>erning substit<br>sign. Do not r<br>a station acc<br>streams must<br>ber the FCC h<br>d, WRC is Char<br>e station.<br>whether the st<br>ther "N" (for ne<br>page (v) of the<br>the local serv<br>age (v) of the<br>the local serv<br>and basis becar<br>multicast stree<br>or before Ju<br>mitter or an as<br>p enter "E". If<br>see page (v)<br>ch station. Fo | eferring to 76.6<br>paragraph.<br>distant stations<br>orizations:<br>it in space I (th<br>ition was carried<br>ute basis station<br>eport origination<br>cording to its ow<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>ation is a netwo<br>etwork), "N-M" (<br>educational), or<br>general instruct<br>or accounting period<br>suse of lack of a<br>am that is not s<br>ne 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general in<br>r U.S. stations, | the carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>the Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>n program service<br>er-the-air designal<br>column 1 (list each<br>the television stat-<br>ington, D.C. This<br>with station, an inder<br>for network multion<br>or "E-M" (for nonco-<br>ctions located in the<br>mplete column 5,<br>od. Indicate by en-<br>inctivated channel<br>subject to a royalty<br>senting the prima-<br>channel on any of<br>instructions located<br>list the community | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizing   | g multiple char   | inel line-ups,  | use a separate   | space G for each   | channel line-up.   |   |
|  |   | CHANN   | EL LINE-UP   | AO   |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
|  |   |   |  |  |  |   |
|  |   |   |  |  |  |   |
|  |   |   |  |  |  |   |
|  |   |   |  |  |  |   |
|  |   |   |  |  |  |   |

| FORM SA3E. PAGE 3.<br>LEGAL NAME OF OWN<br>CABLE ONE, IN  |  | 'STEM:   |  |  | SYSTEM ID#<br>006437   | Name  |
|---|--|--|--|--|--|---|
|   |  |  |  |  | 000407   |   |
| n General: In space (<br>arried by your cable s<br>CC rules and regulat<br>6.59(d)(2) and (4), 76<br>ubstitute program bas<br>Substitute Basis S<br>asis under specifc FC<br>Do not list the station  | G, identify every<br>system during the<br>ions in effect or<br>5.61(e)(2) and (<br>sis, as explaine<br><b>Stations:</b> With r<br>CC rules, regular<br>here in space | / television st<br>ne accounting<br>n June 24, 19<br>4), or 76.63 (r<br>d in the next<br>respect to any<br>tions, or auth<br>G—but do lis  | period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>iorizations:   | (1) stations carrie<br>le carriage of certa<br>1(e)(2) and (4))]; a<br>s carried by your c   | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections<br>and (2) certain stations carried on a<br>able system on a substitute program<br>ent and Program Log)—if the | G<br>Primary<br>Transmitters:<br>Television |
| basis. For further in<br>in the paper SA3 fo<br><b>Column 1:</b> List eac<br>ach multicast stream<br>ast stream as "WETA<br>/ETA-simulcast).  | and also in spa<br>oformation conc<br>orm.<br>ch station's call<br>associated with<br>A-2". Simulcast  | ice I, if the sta<br>erning substit<br>sign. Do not r<br>n a station acc<br>streams must   | tute basis station<br>report origination<br>cording to its over<br>be reported in o  | ns, see page (v) o<br>n program service:<br>er-the-air designat<br>column 1 (list each   | ute basis and also on some other<br>f the general instructions located<br>s such as HBO, ESPN, etc. Identify<br>ion. For example, report multi-<br>n stream separately; for example                                      |   |
| ts community of licens<br>on which your cable sy<br>Column 3: Indicate  | se. For example<br>ystem carried the<br>in each case v   | e, WRC is Cha<br>ne station.<br>vhether the st   | annel 4 in Wash<br>tation is a netwo   | ington, D.C. This rrk station, an inde   | on for broadcasting over-the-air in<br>may be different from the channel<br>pendent station, or a noncommercial<br>ast), "I" (for independent), "I-M"  |   |
| for independent multic<br>For the meaning of the<br><b>Column 4:</b> If the st<br>planation of local servi  | cast), "E" (for no<br>ese terms, see p<br>ation is outside<br>ice area, see pa   | oncommercia<br>bage (v) of the<br>the local serv<br>age (v) of the   | l educational), o<br>e general instruc<br>vice area, (i.e. "c<br>general instructi   | r "E-M" (for nonco<br>ctions located in th<br>listant"), enter "Ye<br>ions located in the  | mmercial educational multicast).<br>le paper SA3 form.<br>s". If not, enter "No". For an ex-   |   |
| carried the distant stat<br>For the retransmiss<br>of a written agreement   | ion on a part-tir<br>sion of a distant   | ne basis beca<br>multicast stre  | ause of lack of a<br>eam that is not s   | ctivated channel of<br>subject to a royalty  | payment because it is the subject  |   |
| ion "E" (exempt). For a<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C   | a primary trans<br>simulcasts, also<br>nree categories<br>e location of ea<br>Canadian statio  | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv   | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>e the name of th   | senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with  | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.                                       |   |
| ion "E" (exempt). For sexplanation of these the <b>Column 6:</b> Give the FCC. For Mexican or C   | a primary trans<br>simulcasts, also<br>nree categories<br>e location of ea<br>Canadian statio  | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>anel line-ups,                                 | ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>e the name of th   | senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each  | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.                                       |   |
| ion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or (<br><b>Note:</b> If you are utilizin  | a primary trans<br>simulcasts, also<br>nree categories<br>e location of ea<br>Canadian statio  | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>anel line-ups,                                 | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate                                     | senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each  | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.                                       |   |
| ion "E" (exempt). For sexplanation of these the <b>Column 6:</b> Give the CCC. For Mexican or Column 2 (Column 2) ( | a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ea<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL                          | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>nel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT? | senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>the community with<br>space G for each<br><b>AP</b><br>5. BASIS OF<br>CARRIAGE | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                   |   |
| ion "E" (exempt). For sexplanation of these the <b>Column 6:</b> Give the CCC. For Mexican or Column 2 (Column 2) ( | a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ea<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL                          | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>nel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT? | senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>the community with<br>space G for each<br><b>AP</b><br>5. BASIS OF<br>CARRIAGE | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                   |   |
| ion "E" (exempt). For sexplanation of these the <b>Column 6:</b> Give the CCC. For Mexican or Column 2 (Column 2) ( | a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ea<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL                          | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>nel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT? | senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>the community with<br>space G for each<br><b>AP</b><br>5. BASIS OF<br>CARRIAGE | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                   |   |
| ion "E" (exempt). For sexplanation of these the <b>Column 6:</b> Give the CCC. For Mexican or Colore: If you are utilizing the  | a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ea<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL                          | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>nel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT? | senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>the community with<br>space G for each<br><b>AP</b><br>5. BASIS OF<br>CARRIAGE | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                   |   |
| ion "E" (exempt). For sexplanation of these the <b>Column 6:</b> Give the CCC. For Mexican or Colore: If you are utilizing the  | a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ea<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL                          | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>nel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT? | senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>the community with<br>space G for each<br><b>AP</b><br>5. BASIS OF<br>CARRIAGE | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                   |   |
| ion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizin   | a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ea<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL                          | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>nel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT? | senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>the community with<br>space G for each<br><b>AP</b><br>5. BASIS OF<br>CARRIAGE | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                   |   |
| tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or (<br><b>Note:</b> If you are utilizin<br>1. CALL  | a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ea<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL                          | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>nel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT? | senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>the community with<br>space G for each<br><b>AP</b><br>5. BASIS OF<br>CARRIAGE | y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                   |   |

| FORM SA3E. PAGE 3.  |   |  |   |   |  |   |
|---|---|--|---|---|--|---|
| LEGAL NAME OF OWN   | NER OF CABLE SY   | STEM:  |   |   | SYSTEM ID#   | Name  |
| CABLE ONE, IN   | NC.   |  |   |   | 006437   |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIC  | N  |   |   |  |   |
| In General: In space (<br>carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program bas<br>Substitute program bas<br>Substitute Basis S<br>basis under specifc FC<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further in<br>in the paper SA3 fo<br>Column 1: List eace<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>its community of licens<br>on which your cable sy<br>Column 3: Indicate<br>educational station, by<br>(for independent multi<br>For the meaning of the<br>Column 4: If the st<br>planation of local servi<br>Column 5: If you fa-<br>cable system carried th | G, identify every<br>system during the<br>ions in effect or<br>6.61(e)(2) and (-<br>Sis, as explaine<br><b>Stations:</b> With r<br>CC rules, regulat<br>a here in space<br>only on a substand also in span<br>formation concorre.<br>ch station's call -<br>associated with<br>A-2". Simulcast state<br>ystem carried the<br>a in each case w<br>o entering the le<br>cast), "E" (for no<br>ses terms, see p<br>ation is outside<br>ice area, see pa<br>ave entered "Ye<br>he distant static<br>ion on a part-tir | v television st<br>ne accounting<br>of June 24, 19<br>4), or 76.63 (i<br>d in the next<br>espect to any<br>tions, or auth<br>G—but do lis<br>titute basis.<br>ce I, if the sta<br>erning substi<br>sign. Do not in<br>a station ac<br>streams musi-<br>ber the FCC h<br>e station.<br>whether the sis<br>tter "N" (for n<br>oncommercia<br>bage (v) of the<br>the local ser-<br>age (v) of the<br>ess" in column<br>on during the<br>ne basis beca | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>y distant stations<br>orizations:<br>at it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its ow<br>t be reported in or<br>annel 4 in Wash<br>tation is a netwo<br>retwork), "N-M" (<br>al educational), o<br>e general instruct<br>of general instruct<br>4, you must cor<br>accounting period<br>ause of lack of a | (1) stations carrie<br>the carriage of certa<br>1(e)(2) and (4))]; a<br>s carried by your c<br>the Special Stateme<br>d both on a substit<br>ns, see page (v) o<br>n program services<br>er-the-air designal<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>with station, an inde<br>for network multic<br>or "E-M" (for nonco<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, s<br>od. Indicate by ent<br>ictivated channel co | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>stating the basis on which your<br>ering "LAC" if your cable system<br>apacity.   | G<br>Primary<br>Transmitters:<br>Television |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the  | t entered into or<br>a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ea   | n or before Ju<br>mitter or an a<br>p enter "E". If<br>see page (v<br>ch station. Fo   | une 30, 2009, be<br>issociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,   | etween a cable system<br>senting the primaric<br>channel on any ot<br>instructions locate<br>list the community   | payment because it is the subject<br>stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed. |   |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C   | t entered into or<br>a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ea<br>Canadian statio  | n or before Ju<br>mitter or an a<br>p enter "E". If<br>see page (v<br>ch station. Fo<br>ns, if any, giv  | une 30, 2009, be<br>issociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>ve the name of th  | etween a cable system<br>senting the primaric<br>channel on any ot<br>instructions locate<br>list the community<br>ane community with   | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.                                       |   |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C   | t entered into or<br>a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ea<br>Canadian statio  | n or before Ju<br>mitter or an a<br>o enter "E". If<br>see page (v<br>ch station. Fo<br>ns, if any, giv<br>nel line-ups,   | une 30, 2009, be<br>issociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>ve the name of th  | etween a cable systemating the primaric<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.                                       |   |
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| FORM SA3E. PAGE  | 3.   |  |  |  |   |   |
|--|--|--|--|--|---|---|
|  |  | /STEM:   |  |  | SYSTEM ID#  | Name  |
| CABLE ONE  | , INC.   |  |  |  | 006437  |   |
| PRIMARY TRANSM   | ITTERS: TELEVISIO  | DN   |  |  |   |   |
| In General: In spa<br>carried by your cat<br>FCC rules and reg<br>76.59(d)(2) and (4)<br>substitute program<br>Substitute program<br>Substitute Bass<br>basis under specifie<br>• Do not list the sta<br>station was carr<br>• List the station he<br>basis. For further<br>in the paper SA<br>Column 1: List<br>each multicast stre<br>cast stream as "WI<br>WETA-simulcast).<br>Column 2: Give<br>its community of lic<br>on which your cabl<br>Column 3: Indire<br>educational station<br>(for independent m<br>For the meaning of<br>Column 5: If you<br>cable system carried<br>carried the distant<br>For the retransm<br>of a written agreem<br>the cable system a<br>tion "E" (exempt). F<br>explanation of thes<br>Column 6: Give | ce G, identify even<br>ble system during ti<br>ulations in effect or<br>o, 76.61(e)(2) and (<br>basis, as explaine<br><b>is Stations:</b> With the<br>c FCC rules, regula-<br>tion here in space<br>ied only on a subs-<br>er, and also in spa-<br>er information conc<br>3 form.<br>each station's call<br>am associated with<br>ETA-2". Simulcast<br>e the channel numb<br>cense. For example<br>e system carried th<br>cate in each case w<br>, by entering the le<br>ulticast), "E" (for nu-<br>f these terms, see<br>e station is outside<br>ervice area, see pa-<br>u have entered "Yu<br>ed the distant static<br>station on a part-tim-<br>nission of a distant<br>tent entered into or<br>nd a primary trans-<br>for simulcasts, also<br>the location of ea | y television st<br>he accounting<br>n June 24, 194<br>4), or 76.63 (r<br>d in the next y<br>respect to any<br>ations, or auth<br>G—but do lisi<br>titute basis.<br>Ince I, if the staterning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>de, WRC is Cha<br>he station.<br>whether the st<br>ther "N" (for mo-<br>procommercial<br>page (v) of the<br>the local servage (v) of the<br>the local servage (v) of the<br>the basis beca<br>multicast stream<br>or before Ju<br>mitter or an acc<br>penter "E". If<br>, see page (v)<br>ch station. Fo | period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>distant stations<br>orizations:<br>t it in space I (th<br>ation was carried<br>cute basis station<br>report origination<br>cording to its ov<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>ation is a network<br>etwork), "N-M" (<br>I educational), c<br>e general instruct<br>4, you must con<br>accounting period<br>ause of lack of a<br>sem that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>o f the general<br>ir U.S. stations, | (1) stations carrie<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>the Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>the program service<br>er-the-air designal<br>column 1 (list eac<br>the television stat<br>ington, D.C. This<br>with station, an inder<br>for network multion<br>or "E-M" (for nonco-<br>ctions located in the<br>mplete column 5,<br>od. Indicate by en<br>inctivated channel<br>subject to a royalty<br>tween a cable sy<br>senting the prima<br>channel on any o<br>instructions located<br>list the community | stating the basis on which your tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are uti   | lizing multiple char   | nnel line-ups,   | use a separate   | space G for each   | channel line-up.  |   |
|  |  | CHANN  | EL LINE-UP   | AR   |   |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |   |
|  |  |  |  |  |   |   |
|  |  |  |  |  |   |   |
|  |  |  |  |  |   |   |
|  |  |  |  |  |   |   |
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| FORM SA3E. PAGE 3.   |  |  |   |  |   |   |
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| LEGAL NAME OF OWN  | IER OF CABLE SY  | STEM:  |   |  | SYSTEM ID#  | Name  |
| CABLE ONE, I   | NC.  |  |   |  | 006437  |   |
| PRIMARY TRANSMITTI   | ERS: TELEVISIO   | DN   |   |  |   |   |
| In General: In space (<br>carried by your cables)<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program bas<br>Substitute Basis S<br>basis under specifc FC<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further in<br>in the paper SA3 fo<br>Column 1: List eac<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>its community of licens<br>on which your cable sy<br>Column 3: Indicate<br>educational station, by<br>(for independent multic<br>For the meaning of the<br>Column 5: If you h<br>cable system carried ti<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br>Column 6: Give the | G, identify even<br>system during ti<br>ions in effect or<br>6.61(e)(2) and (<br>sis, as explaine<br><b>Stations:</b> With n<br>CC rules, regula<br>there in space<br>only on a subs<br>and also in spa<br>formation conc<br>rm.<br>th station's call<br>associated with<br>the cass of the station's call<br>the case of the station's call<br>the distant station<br>is outside<br>ce area, see pa<br>ave entered "The<br>he distant station<br>is on a partmary trans<br>simulcasts, also<br>the cast of the station of the<br>tere categories<br>the location of the station's call<br>the station's call<br>the distant station's call<br>the associated with<br>the distant station's call<br>the distan | y television st<br>he accounting<br>n June 24, 19<br>4), or 76.63 (i<br>d in the next<br>respect to any<br>ations, or auth<br>G—but do lis<br>titute basis.<br>Ince I, if the sta<br>erning substi<br>sign. Do not i<br>n a station ac<br>streams must<br>ber the FCC h<br>e, WRC is Ch<br>he station.<br>whether the si<br>titer "N" (for n<br>poncommercia<br>page (v) of the<br>the local sen<br>age (v) of the<br>me basis beca<br>multicast strea<br>n or before Ju<br>mitter or an a<br>po enter "E". If<br>, see page (v) | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>y distant stations<br>norizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its over<br>t be reported in or<br>has assigned to<br>annel 4 in Wash<br>tation is a netwo<br>etwork), "N-M" (<br>al educational), o<br>e general instruct<br>4, you must cor<br>accounting period<br>ause of lack of a<br>eam that is not s<br>une 30, 2009, be<br>ssociation repre<br>you carried the<br>) of the general ion<br>or U.S. stations, | (1) stations carrie<br>te carriage of certa<br>1(e)(2) and (4))]; a<br>s carried by your c<br>e Special Stateme<br>d both on a substit<br>ns, see page (v) o<br>n program services<br>er-the-air designat<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>with station, an inder<br>for network multic<br>r "E-M" (for nonco<br>ctions located in the<br>mplete column 5, s<br>od. Indicate by ent<br>ctivated channel c<br>ubject to a royalty<br>tween a cable sys<br>senting the primai<br>channel on any ot<br>instructions located<br>list the community | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>ering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizir  | ig multiple chai   | • •  | •   |  | channenine-up.  |   |
|  | 1  | CHANN  | EL LINE-UP  | AS   |   |   |
| 1. CALL  | 2. B'CAST  | 3. TYPE  | 4. DISTANT?   | 5. BASIS OF  | 6. LOCATION OF STATION  |   |
| SIGN   | CHANNEL<br>NUMBER  | OF<br>STATION  | (Yes or No)   | CARRIAGE<br>(If Distant)   |   |   |
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| FORM SA3E. PAGE 3.   |  |  |   |  |  |   |
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| LEGAL NAME OF OW   |  | /STEM:   |   |  | SYSTEM ID#   | Name  |
| CABLE ONE,   | NC.  |  |   |  | 006437   |   |
| PRIMARY TRANSMIT   | ERS: TELEVISIO   | ON   |   |  |  |   |
| In General: In space<br>carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7<br>substitute program ba<br>Substitute program ba<br>Substitute Basis<br>basis under specifc F<br>• Do not list the station<br>station was carried<br>• List the station here<br>basis. For further<br>in the paper SA3 f<br>Column 1: List ea<br>each multicast stream<br>cast stream as "WET<br>Column 2: Give th<br>its community of licer<br>on which your cable s<br>Column 3: Indical<br>educational station, b<br>(for independent multi<br>For the meaning of th<br>Column 4: If the s<br>planation of local ser<br>Column 5: If you<br>cable system carried<br>carried the distant stat<br>For the retransmis<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). Foi<br>explanation of these<br>Column 6: Give the | G, identify even<br>system during ti<br>tions in effect or<br>6.61(e)(2) and (<br>asis, as explained<br><b>Stations:</b> With in<br>CC rules, regula<br>n here in space<br>d only on a subs<br>, and also in space<br>orm.<br>ch station's call<br>n associated with<br>A-2". Simulcast<br>the channel number<br>ises. For example<br>system carried th<br>e in each case of<br>y entering the left<br>icast), "E" (for messe terms, see<br>tation is outside<br>vice area, see prave entered "Ye<br>the distant static<br>tion on a part-tin<br>sion of a distant<br>the entered into o<br>a primary trans<br>simulcasts, also<br>hree categories<br>the location of eat | y television st<br>he accounting<br>n June 24, 194<br>4), or 76.63 (r<br>respect to any<br>ations, or auth<br>G—but do lisi<br>titute basis.<br>ace I, if the sta<br>serning substit<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>he station.<br>whether the st<br>teter "N" (for monocommercial<br>page (v) of the<br>the local servage (v) of the local servage (v) of the<br>the local s | period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>orizations:<br>t it in space I (th<br>ation was carried<br>cute basis station<br>report origination<br>cording to its ov<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>ation is a network<br>etwork), "N-M" (<br>I educational), c<br>e general instruct<br>4, you must con<br>accounting period<br>ause of lack of a<br>sem that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>ir U.S. stations, | (1) stations carrie<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>the Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>the program service<br>er-the-air designal<br>column 1 (list eac<br>the television stat<br>ington, D.C. This<br>with station, an inder<br>for network multion<br>or "E-M" (for nonco-<br>ctions located in the<br>mplete column 5,<br>od. Indicate by en<br>inctivated channel<br>subject to a royalty<br>tween a cable sy<br>senting the prima<br>channel on any o<br>instructions located<br>list the community | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utiliz  | ng multiple chai   |  | •   |  | channel line-up.   |   |
|  |  | CHANN  | EL LINE-UP  | AT   |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.  |  |   |   |   |  |   |
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| LEGAL NAME OF OW  |  | /STEM:  |   |   | SYSTEM ID#   | Name  |
| CABLE ONE, I  | NC.  |   |   |   | 006437   |   |
| PRIMARY TRANSMITT   | ERS: TELEVISIO   | DN  |   |   |  |   |
| In General: In space<br>carried by your cable<br>FCC rules and regulat<br>76.59(d)(2) and (4), 7<br>substitute program ba<br>Substitute Basis S<br>basis under specifc FG<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further in<br>in the paper SA3 fc<br>Column 1: List ear<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give th<br>its community of licen<br>on which your cable s<br>Column 3: Indicate<br>educational station, by<br>(for independent multi<br>For the meaning of the<br>Column 5: If you h<br>cable system carried the<br>carried the distant stat<br>For the retransmiss<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br>Column 6: Give th | G, identify even<br>system during<br>iso a explaine<br><b>Stations:</b> With I<br>CC rules, regula<br>n here in space<br>only on a subs<br>and also in spa-<br>nformation conco-<br>orm.<br>ch station's call<br>associated with<br>A-2". Simulcast<br>e channel numl<br>se. For example<br>ystem carried th<br>e in each case w<br>y entering the le<br>cast), "E" (for n<br>ese terms, see<br>lation is outside<br>ice area, see p<br>have entered "Y"<br>the distant static<br>ision of a distant<br>t entered into o<br>a primary trans<br>simulcasts, also<br>hree categories<br>e location of ea | y television st<br>he accounting<br>n June 24, 194<br>4), or 76.63 (r<br>d in the next y<br>respect to any<br>ations, or auth<br>G—but do lisi<br>titute basis.<br>Ince I, if the staterning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>de, WRC is Cha<br>he station.<br>whether the st<br>ther "N" (for mo-<br>procommercial<br>page (v) of the<br>the local servage (v) of the<br>the local servage (v) of the<br>the basis beca<br>multicast stream<br>or before Ju<br>mitter or an ac<br>penter "E". If<br>, see page (v)<br>ch station. Fo | period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>orizations:<br>t it in space I (th<br>ation was carried<br>cute basis station<br>report origination<br>cording to its ov<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>ation is a network<br>etwork), "N-M" (<br>I educational), c<br>e general instruct<br>4, you must con<br>accounting period<br>ause of lack of a<br>sem that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>ir U.S. stations, | (1) stations carried<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>carried by your of<br>e Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>n program service<br>er-the-air designal<br>column 1 (list each<br>the television stat<br>ington, D.C. This<br>rk station, an inde<br>for network multion<br>r "E-M" (for nonco-<br>tions located in the<br>mplete column 5,<br>od. Indicate by en<br>ctivated channel<br>ubject to a royalty<br>tween a cable sy-<br>senting the prima<br>channel on any of<br>instructions located<br>ist the community | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizing  | ng multiple char   | nnel line-ups,  | use a separate  | space G for each  | channel line-up.   |   |
|   |  | CHANN   | EL LINE-UP  | AU  |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.   |  |  |   |  |  |   |
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| LEGAL NAME OF OW   |  | /STEM:   |   |  | SYSTEM ID#   | Name  |
| CABLE ONE,   | INC.   |  |   |  | 006437   |   |
| PRIMARY TRANSMIT   | TERS: TELEVISIO  | DN   |   |  |  |   |
| In General: In space<br>carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7<br>substitute program bi<br>Substitute program bi<br>Substitute Basis<br>basis under specifc F<br>• Do not list the station<br>station was carried<br>• List the station here<br>basis. For further<br>in the paper SA3 f<br>Column 1: List ea<br>each multicast strear<br>cast stream as "WET<br>A-simulcast).<br>Column 2: Give tt<br>its community of licer<br>on which your cable s<br>Column 3: Indica<br>educational station, b<br>(for independent mul<br>For the meaning of th<br>Column 4: If the s<br>planation of local ser<br>Column 5: If you<br>cable system carried<br>the distant stat<br>For the retransmis<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). Fo<br>explanation of these<br>Column 6: Give tt | G, identify even<br>system during t<br>ations in effect or<br>76.61(e)(2) and (<br>asis, as explained<br><b>Stations:</b> With the<br>CC rules, regula<br>on here in space<br>d only on a subs<br>and also in space<br>orm.<br>In associated with<br>A-2". Simulcast<br>me channel numbers<br>system carried the<br>te in each case we<br>by entering the left<br>ticast), "E" (for more<br>these terms, see<br>station is outside<br>vice area, see p<br>have entered "Ye<br>the distant static<br>ation on a part-tin<br>ssion of a distant<br>the thered into o<br>I a primary trans<br>r simulcasts, also<br>three categories<br>the location of ea | y television st<br>he accounting<br>n June 24, 194<br>4), or 76.63 (r<br>d in the next y<br>respect to any<br>ations, or auth<br>G—but do lisi<br>titute basis.<br>Ince I, if the staterning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>de, WRC is Cha<br>he station.<br>whether the st<br>ther "N" (for mo-<br>procommercial<br>page (v) of the<br>the local servage (v) of the<br>the local servage (v) of the<br>the basis beca<br>multicast stream<br>or before Ju<br>mitter or an ac-<br>po enter "E". If<br>, see page (v) | period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>orizations:<br>t it in space I (th<br>ation was carried<br>cute basis station<br>report origination<br>cording to its ov<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>ation is a network<br>etwork), "N-M" (<br>I educational), c<br>e general instruct<br>4, you must con<br>accounting period<br>ause of lack of a<br>sem that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>ir U.S. stations, | (1) stations carrie<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>the Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>the program service<br>er-the-air designal<br>column 1 (list eac<br>the television stat<br>ington, D.C. This<br>with station, an inder<br>for network multion<br>or "E-M" (for nonco-<br>ctions located in the<br>mplete column 5,<br>od. Indicate by en<br>inctivated channel<br>subject to a royalty<br>tween a cable sy<br>senting the prima<br>channel on any o<br>instructions located<br>list the community | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utiliz  | ing multiple char  | nnel line-ups,   | use a separate  | space G for each   | channel line-up.   |   |
|  |  | CHANN  | EL LINE-UP  | AV   |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
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|   | SYSTEM:  |   |   | SYSTEM ID#  | Name  |
|---|--|---|---|---|---|
| CABLE ONE, INC.   |  |   |   | 006437  |   |
| PRIMARY TRANSMITTERS: TELEVI  | SION   |   |   |   |   |
| In General: In space G, identify ev<br>carried by your cable system during<br>FCC rules and regulations in effect<br>76.59(d)(2) and (4), 76.61(e)(2) an<br>substitute program basis, as explai<br>Substitute Basis Stations: With<br>basis under specifc FCC rules, reg<br>• Do not list the station here in space<br>station was carried only on a su<br>• List the station here, and also in subasis. For further information con<br>in the paper SA3 form.<br>Column 1: List each station's content of the<br>each multicast stream associated with<br>cast stream as "WETA-2". Simulca<br>WETA-simulcast).<br>Column 2: Give the channel nut<br>its community of license. For exam<br>on which your cable system carried<br>Column 3: Indicate in each case<br>educational station, by entering the<br>(for independent multicast), "E" (for<br>For the meaning of these terms, see<br>Column 4: If the station is outsi<br>planation of local service area, see<br>Column 5: If you have entered<br>cable system carried the distant stat<br>carried the distant station on a part<br>For the retransmission of a distat<br>of a written agreement entered into | ery television stat<br>g the accounting p<br>on June 24, 198<br>d (4), or 76.63 (re<br>ned in the next pa<br>h respect to any of<br>ulations, or autho<br>ce G—but do list i<br>bostitute basis.<br>pace I, if the stati<br>ncerning substitu<br>all sign. Do not re<br>vith a station acco<br>st streams must b<br>mber the FCC ha<br>ple, WRC is Char<br>I the station.<br>e whether the stat<br>letter "N" (for nel<br>noncommercial of<br>e page (v) of the g<br>"Yes" in column 4<br>ation during the as<br>the basis becau<br>ant multicast stream<br>on or before Jun | period, except<br>1, permitting the<br>eferring to 76.6<br>aragraph.<br>distant stations<br>prizations:<br>it in space I (the<br>it is station<br>eport origination<br>ording to its ow<br>be reported in or<br>as assigned to<br>nnel 4 in Washe<br>ation is a network), "N-M" (<br>educational), o<br>general instruct<br>4, you must cor<br>ccounting period<br>use of lack of a<br>am that is not s | (1) stations carrie<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>the Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>the regram service<br>er-the-air designa<br>column 1 (list each<br>the television stat<br>ington, D.C. This<br>or station, an inde<br>for network multion<br>or "E-M" (for nonco<br>ctions located in the<br>mplete column 5,<br>od. Indicate by en<br>cutivated channel<br>subject to a royalty | ain network programs [sections<br>and (2) certain stations carried on a<br>sable system on a substitute program<br>ent and Program Log)—if the<br>tute basis and also on some other<br>of the general instructions located<br>s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>h stream separately; for example<br>ion for broadcasting over-the-air in<br>may be different from the channel<br>ependent station, or a noncommercial<br>east), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>he paper SA3 form.<br>ss". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| tion "E" (exempt). For simulcasts, a<br>explanation of these three categori<br><b>Column 6:</b> Give the location of<br>FCC. For Mexican or Canadian sta  | llso enter "E". If ye<br>es, see page (v) o<br>each station. For<br>tions, if any, give  | You carried the<br>of the general i<br>U.S. stations,<br>the name of th   | channel on any or<br>instructions locate<br>list the community<br>ne community with   | ed in the paper SA3 form.<br>/ to which the station is licensed by the<br>n which the station is identifed.   |   |
| tion "E" (exempt). For simulcasts, a<br>explanation of these three categori<br><b>Column 6:</b> Give the location of  | llso enter "E". If ye<br>es, see page (v) o<br>each station. For<br>tions, if any, give  | You carried the<br>of the general i<br>U.S. stations,<br>the name of th   | channel on any or<br>instructions locate<br>list the community<br>ne community with   | ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.   |   |
| tion "E" (exempt). For simulcasts, a<br>explanation of these three categori<br><b>Column 6:</b> Give the location of<br>FCC. For Mexican or Canadian sta  | Ilso enter "E". If yo<br>es, see page (v) o<br>each station. For<br>tions, if any, give<br>nannel line-ups, u  | You carried the<br>of the general i<br>U.S. stations,<br>the name of th   | channel on any or<br>instructions locate<br>list the community<br>ne community with<br>space G for each   | ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.   |   |
| tion "E" (exempt). For simulcasts, a<br>explanation of these three categori<br><b>Column 6:</b> Give the location of<br>FCC. For Mexican or Canadian sta  | Ilso enter "E". If yees, see page (v) deach station. For tions, if any, give nannel line-ups, u  | rou carried the<br>of the general i<br>U.S. stations,<br>the name of th<br>use a separate<br>EL LINE-UP   | channel on any or<br>instructions locate<br>list the community<br>ne community with<br>space G for each   | ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.   |   |
| tion "E" (exempt). For simulcasts, a<br>explanation of these three categori<br><b>Column 6:</b> Give the location of<br>FCC. For Mexican or Canadian sta<br><b>Note:</b> If you are utilizing multiple ch<br>1. CALL<br>SIGN<br>2. B'CAST<br>CHANNE   | Ilso enter "E". If yees, see page (v) deach station. For tions, if any, give nannel line-ups, u  | rou carried the<br>of the general i<br>U.S. stations,<br>the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?   | channel on any or<br>instructions locate<br>list the community<br>he community with<br>space G for each<br>AW<br>5. BASIS OF<br>CARRIAGE  | ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.   |   |
| tion "E" (exempt). For simulcasts, a<br>explanation of these three categori<br><b>Column 6:</b> Give the location of<br>FCC. For Mexican or Canadian sta<br><b>Note:</b> If you are utilizing multiple ch<br>1. CALL<br>SIGN<br>2. B'CAST<br>CHANNE   | Ilso enter "E". If yees, see page (v) deach station. For tions, if any, give nannel line-ups, u  | rou carried the<br>of the general i<br>U.S. stations,<br>the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?   | channel on any or<br>instructions locate<br>list the community<br>he community with<br>space G for each<br>AW<br>5. BASIS OF<br>CARRIAGE  | ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.   |   |
| tion "E" (exempt). For simulcasts, a<br>explanation of these three categori<br><b>Column 6:</b> Give the location of<br>FCC. For Mexican or Canadian sta<br><b>Note:</b> If you are utilizing multiple ch<br>1. CALL<br>SIGN<br>2. B'CAST<br>CHANNE   | Ilso enter "E". If yees, see page (v) deach station. For tions, if any, give nannel line-ups, u  | rou carried the<br>of the general i<br>U.S. stations,<br>the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?   | channel on any or<br>instructions locate<br>list the community<br>he community with<br>space G for each<br>AW<br>5. BASIS OF<br>CARRIAGE  | ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.   |   |
| tion "E" (exempt). For simulcasts, a<br>explanation of these three categori<br><b>Column 6:</b> Give the location of<br>FCC. For Mexican or Canadian sta<br><b>Note:</b> If you are utilizing multiple ch<br>1. CALL<br>SIGN<br>2. B'CAST<br>CHANNE   | Ilso enter "E". If yees, see page (v) deach station. For tions, if any, give nannel line-ups, u  | rou carried the<br>of the general i<br>U.S. stations,<br>the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?   | channel on any or<br>instructions locate<br>list the community<br>he community with<br>space G for each<br>AW<br>5. BASIS OF<br>CARRIAGE  | ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.   |   |

| ACCOUNTING PER |                   |                 |              |   |                     |                  |                    | FURM SASE. FAGE 4.  |
|----------------|-------------------|-----------------|--------------|---|---------------------|------------------|--------------------|---------------------|
| Name           | LEGAL NAME OF (   | OWNER OF CABL   | E SYSTE      | M:  |                     |                  |                    | SYSTEM ID#          |
| Name           | CABLE ONE         | E, INC.         |              |   |                     |                  |                    | 006437              |
|                |                   |                 |              |   |                     |                  |                    |                     |
| Н              |                   | t every radio s | tation ca    | rried on a separate and discre<br>nerally receivable" by your cal |                     |                  |                    |                     |
| Primary        | Special Instruc   | ctions Conce    | nina All     | -Band FM Carriage: Under C  | opvright Office re  | equilations an   | FM sign            | al is generally     |
| Transmitters:  |                   |                 |              | tem whenever it is received at                                    |                     |                  |                    |                     |
| Radio          |                   |                 |              | ved at the headend, with the s                                    |                     |                  |                    |                     |
|                | For detailed info | ormation abou   | t the the    | Copyright Office regulations o                                    | n this point, see   | page (vi) of the | e genera           | al instructions     |
|                | located in the p  | •               |              |   |                     |                  |                    |                     |
|                |                   |                 |              | each station carried.   |                     |                  |                    |                     |
|                |                   |                 |              | n is AM or FM.  |                     |                  |                    |                     |
|                |                   |                 |              | nal was electronically processe                                   | ed by the cable s   | ystem as a se    | parate a           | na discrete         |
|                |                   |                 |              | mark in the "S/D" column.   | o station is licons | od by the ECC    | or in t            | an ease of          |
|                |                   |                 |              | the community with which the                                      |                     |                  | <i>y</i> 01, 111 u |                     |
|                |                   |                 | , ir ariy, i |   |                     |                  |                    |                     |
|                |                   |                 |              |   |                     |                  |                    |                     |
|                | CALL SIGN         | AM or FM        | S/D          | LOCATION OF STATION   | CALL SIGN           | AM or FM         | S/D                | LOCATION OF STATION |
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| LEGAL NAME OF OWNER OF  | CABLE SYST  | EM:  |   |   |  | S   | YSTEM ID#        |   |
|---|---|--|---|---|--|---|------------------|---|
| CABLE ONE, INC.   |   |  |   |   |  |   | 006437           | Name                                    |
| SUBSTITUTE CARRIAGE   | : SPECIA  |  | IT AND PROGRAM LOG  |   |  |   |                  |   |
| In General: In space I, ident substitute basis during the acceptantion of the programm  | ccounting pe  | eriod, under spe   | cific present and former FC   | C rules, regul  | ations, or autho   | rizations. F  | or a further     | Substitute                              |
| 1. SPECIAL STATEMEN   |   |  |   | gonoral mot   |  |   |                  | Carriage:                               |
| <ul> <li>During the accounting per<br/>broadcast by a distant stat</li> </ul>   | iod, did you  |  |   | s, any nonne  |  |   | ХNо              | Special<br>Statement and<br>Program Log |
| Note: If your answer is "No log in block 2.   | ", leave the  | rest of this pag   | je blank. If your answer is '   | Yes," you mi  | ust complete th  | e program   | 1                |   |
| period, was broadcast by a<br>under certain FCC rules, re<br>SA3 form for futher informa<br>titles, for example, "I Love L<br>Column 2: If the progran<br>Column 3: Give the call<br>Column 4: Give the broa<br>the case of Mexican or Can<br>Column 5: Give the mor<br>first. Example: for May 7 giv<br>Column 6: State the time<br>to the nearest five minutes.<br>stated as "6:00–6:30 p.m." | of every no<br>distant stat<br>gulations, o<br>tion. Do no<br>.ucy" or "NE<br>n was broad<br>sign of the s<br>adcast static<br>thadian static<br>th and day<br>ve "5/7."<br>es when the<br>Example: a<br>er "R" if the<br>and regulatic | nnetwork televi<br>ion and that your<br>authorization<br>t use general of<br>A Basketball:<br>dcast live, enter<br>station broadca<br>on's location (thous, if any, the<br>when your syster<br>substitute pro<br>a program carrier<br>listed program<br>ons in effect du | ision program (substitute p<br>ur cable system substituted<br>s. See page (vi) of the gen<br>ategories like "movies", or<br>76ers vs. Bulls."<br>r "Yes." Otherwise enter "N<br>sting the substitute program<br>the community to which the<br>community with which the<br>stem carried the substitute p<br>gram was carried by your of<br>ed by a system from 6:01:1<br>was substituted for program<br>ring the accounting period | d for the prog<br>eral instructio<br>"basketball".<br>o."<br>n.<br>station is lice<br>station is ider<br>program. Use<br>able system.<br>5 p.m. to 6:2<br>mming that y<br>enter the let | ramming of an<br>ons located in the<br>List specific p<br>nsed by the FC<br>otified).<br>numerals, with<br>List the times<br>8:30 p.m. shou<br>our system wa<br>ter "P" if the lis | other stati<br>ne paper<br>rogram<br>CC or, in<br>n the mont<br>accurately<br>ild be<br>s required<br>ted pro | h<br>,           |   |
| effect on October 19, 1976.   |   |  |   | WHE   | EN SUBSTITU  | TE  |                  |   |
| S   | UBSTITUT  | E PROGRAM  |   |   | IAGE OCCUR   |   | 7. REASON<br>FOR |   |
| 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No   | 3. STATION'S<br>CALL SIGN  | 4. STATION'S LOCATION   | 5. MONTH<br>AND DAY   | 6. TIM<br>FROM —   | ES<br>TO  | DELETION         |   |
|   |   |  |   |   |  |   |                  |   |
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FORM SA3E. PAGE 5.

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ACCOUNTING PERIOD: 2017/2

### ACCOUNTING PERIOD: 2017/2

FORM SA3E. PAGE 6.

| Name                              |   |         | SYSTEM:    |                 |      |               |        |              |       | TEM ID#<br>006437 |
|-----------------------------------|---|---------|------------|-----------------|------|---------------|--------|--------------|-------|-------------------|
|                                   | CABLE ONE   | ., INC. |            |                 |      |               |        |              |       | 000437            |
| J<br>Part-Time<br>Carriage<br>Log | <ul> <li>PART-TIME CARRIAGE LOG</li> <li>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-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.</li> <li>Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>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."</li> <li>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."</li> </ul> |         |            |                 |      |               |        |              |       |                   |
|                                   |   |         | DA         | TES AND HOURS ( | DF F | PART-TIME CAR | RRIAGE |              |       |                   |
|                                   |   | WHEN    | CARRIAGE O | CCURRED         |      |               | WHEN   | I CARRIAGE O | CCURR | ED                |
|                                   | CALL SIGN   | DATE    |            | OURS            |      | CALL SIGN     | DATE   |              | OURS  | то                |
|                                   |   | DATE    | FROM       | TO              |      |               | DATE   | FROM         |       | то                |
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| FORM   | SA3E. PAGE 7.  |                             |  |
|--|--|-----------------------------|--|
| LEGA   | AL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#                  | Name   |
| CA   | BLE ONE, INC.  | 006437                      | Name   |
| Inst<br>all a<br>(as<br>pag  | <b>DSS RECEIPTS ructions</b> : The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's section 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 service | K<br>Gross Receipts  |
|  |  |                             |  |
| Instru<br>• Con<br>• Con<br>• If you<br>fee<br>• If you<br>accord<br>▶ If pa | <b>(RIGHT ROYALTY FEE</b><br><b>ctions</b> : Use the blocks in this space L to determine the royalty fee you owe:<br>nplete block 1, showing your minimum fee.<br>nplete block 2, showing whether your system carried any distant television stations.<br>nur system did not carry any distant television stations, leave block 3 blank. Enter the and<br>from block 1 on line 1 of block 4, and calculate the total royalty fee.<br>nur system did carry any distant television stations, you must complete the applicable p<br>pompanying this form and attach the schedule to your statement of account.<br>art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b<br>k 3 below.         | arts of the DSE Schedule    | L<br>Copyright<br>Royalty Fee  |
|  | In a serie in the DSE schedule was completed, the amount from line 7 of block C should be  | entered on line 2 in block  |  |
| 3 be   | low.   |                             |  |
|  | Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.  | ould be entered on line     |  |
|  | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.  |                             |  |
|  | Line 1. Enter the amount of gross receipts from space K<br>Line 2. Multiply the amount in line 1 by 0.01064  | \$ 1,042,032.00             |  |
|  | Enter the result here.   |                             |  |
|  | This is your minimum fee.  | \$ 11,087.22                |  |
| Block<br>2<br>Block<br>3   | <ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.</li> <li>Image: No—Leave block 3 below blank and content of the DSE schedule.</li> <li>Image: No—Leave block 3 below blank and content of the DSE schedule.</li> <li>Image: No-Leave block 3 below blank and content of the DSE schedule. If none, enter zero</li> <li>S. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero</li> </ul> | nn 4, you must check<br>od? |  |
|  |  |                             |  |
|  | Line 3. Add lines 1 and 2 and enter here   | \$ -                        |  |
| Block<br>4   | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee<br>from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,<br>whichever is larger  | \$ 11,087.22                | Cable systems  |
|  | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7<br>(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente   | r <u>0.00</u>               | submitting<br>additional   |
|  | zero.<br>Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9<br>(Interest Worksheet)  | 0.00                        | deposits under<br>Section 111(d)(7)<br>should contact<br>the Licensing |
|  | Line 4. FILING FEE   | \$ 725.00                   | additional fees.<br>Division for the<br>appropriate                    |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.<br>Add Lines 1, 2 and 3 of block 4 and enter total here   | \$ 11,812.22                | form for<br>submitting the<br>additional fees.                         |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (<br>general instructions located in the paper SA3 form for more information.)  | See page (i) of the         |  |

## ACCOUNTING PERIOD: 2017/2

| ACCOUNTING PERI                    | 100: 2017/2  | FORM SA3E. PAGE 8.         |
|------------------------------------|--|----------------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#<br>006437       |
|                                    | CABLE ONE, INC.  | 000437                     |
| 8.4                                | CHANNELS   | 1.1.1.1.                   |
| Μ                                  | <b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcas to its subscribers and (2) the cable system's total number of estimated channels, during the accounting period.  | t stations                 |
| Channels                           | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  |                            |
|                                    | 1. Enter the total number of channels on which the cable   | 15                         |
|                                    | system carried television broadcast stations   |                            |
|                                    | 2. Enter the total number of activated channels  |                            |
|                                    | on which the cable system carried television broadcast stations  | 282                        |
|                                    | and nonbroadcast services  | -                          |
| N<br>Individual to<br>Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  |                            |
| for Further                        | Name EMERSON YEARWOOD Telephone  | 602-364-6195               |
| Information                        |  |                            |
|                                    | Address 210 E. EARLL DRIVE<br>(Number, street, rural route, apartment, or suite number)  |                            |
|                                    | PHOENIX, AZ 85012-2626   |                            |
|                                    | (City, town, state, zip)   |                            |
|                                    | Email emerson.yearwood@cableone.biz Fax (optional) 602-364-  | 6013                       |
|                                    |  |                            |
|                                    | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office reg   | gulations.                 |
| 0                                  |  |                            |
| Certifcation                       | • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)   |                            |
|                                    | (Owner other than corporation or partnership)   am the owner of the cable system as identifed in line 1 of space   | e B; or                    |
|                                    |  |                            |
|                                    | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or  | e system as identified     |
|                                    | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o in line 1 of space B.   | wner of the cable system   |
|                                    | • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain   | ned herein                 |
|                                    | are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.<br>[18 U.S.C., Section 1001(1986)]   |                            |
|                                    |  |                            |
|                                    |  |                            |
|                                    | /s/ Raymond Storck   |                            |
|                                    |  |                            |
|                                    | Enter an electronic signature on the line above using an "/s/" signature to certify this statement.<br>(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your curso  | in the box and press the   |
|                                    | "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotu   |                            |
|                                    | Typed or printed name: RAYMOND STORCK  |                            |
|                                    |  |                            |
|                                    |  |                            |
|                                    | Title: VICE PRESIDENT  |                            |
|                                    | (Title of official position held in corporation or partnership)  |                            |
|                                    | Data: Estructure 20, 2010  |                            |
|                                    | Date: February 28, 2018  |                            |
| Privacy Act Notice                 | e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information of the terms of t | tion (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 Office'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 th completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

| FORM | SA3E  | PAGE9  |
|------|-------|--------|
|      | JAJL. | I AULS |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SY<br>CABLE ONE, INC.   | YSTEM ID#<br>006437              |
|--|----------------------------------|
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the<br>lowing sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for the bas<br>service of providing secondary transmissions of primary broadcast transmitters, the system shall not include<br>scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11 | sic<br>de sub-<br>19." Statement |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.<br>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?   | Exclusion                        |
| YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name         Mailing Address       Name   |                                  |
|  |                                  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay<br>For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | yment. Q                         |
| Line 1 Enter the amount of late payment or underpayment  | Interest<br>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   |                                  |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) (interest cha   | -                                |
| * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance 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 or filing.  | riginal                          |
| OwnerAddress   |                                  |
| 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   | ו (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.

#### 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 carriec 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 LISTEE IN SPACE G OF SA3E (LONG FORM)

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

| Independent: its type-value is                                     | 1.00 |
|--|------|
| • Network: its type-value is                                       | 0.25 |
| Noncommercial educational: its type-value is                       | 0.25 |
| Note that local stations are not counted at all in computing DSEs. |      |

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G 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 of hours the station sover the air during the accounting period. The basis of carriage value is determined by the total number of 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 anc 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 noi subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distansimulcast 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, in 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 sys-

tems 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, noncommercial 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.

## DSE SCHEDULE. PAGE 11.

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

Determine whether any of the stations you carried were partially distantthat 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 DSF 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.

TOTAL DSEs

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) 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

CITY

Santa Rosa

Bodega Bay

Rapid City

Fairvale

DSE

1.0

1.0

0.083

0.139

0.25

2 4 7 2

Distant Stations Carried STATION In most cases under current FCC rules, all of Fairvale would be within A (independent) B (independent) the local service area of both stations C (part-time) A and C and all of Rapid City and Bo-D (part-time) dega Bay would be within the local service areas of stations B, D, and E. E (network)



| Minimum Fee Total Gross Receipts |              | \$600,000.00                |              |                             |              |
|----------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
|                                  |              | x .01064                    |              |                             |              |
|                                  |              | \$6,384.00                  |              |                             |              |
| First Subscriber Group           |              | Second Subscriber Group     |              | Third Subscriber Group      |              |
| (Santa Rosa)                     |              | (Rapid City and Bodega Bay) |              | (Fairvale)                  |              |
| Gross receipts                   | \$310,000.00 | Gross receipts              | \$170,000.00 | Gross receipts              | \$120,000.00 |
| DSEs                             | 2.472        | DSEs                        | 1.083        | DSEs                        | 1.389        |
| Base rate fee                    | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |
| \$310,000 x .01064 x 1.0 =       | 3,298.40     | \$170,000 x .01064 x 1.0 =  | 1,808.80     | \$120,000 x .01064 x 1.0 =  | 1,276.80     |
| \$310,000 x .00701 x 1.472 =     | 3,198.80     | \$170,000 x .00701 x .083 = | 98.91        | \$120,000 x .00701 x .389 = | 327.23       |
| Base rate fee                    | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B, D, and E

TOTAL GROSS RECEIPTS

SERVICE AREA OF

Stations A, B, C, D , E

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600.000.00

FROM SUBSCRIBERS

## ACCOUNTING PERIOD: 2017/2

## DSE SCHEDULE. PAGE 11. (CONTINUED)

| 1                    | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM 000   |                    |                                  |                 |                            |     |  |  |
|----------------------|--|--------------------|----------------------------------|-----------------|----------------------------|-----|--|--|
|                      | SUM OF DSEs OF CATEGORY "O" STATIONS:         • Add the DSEs of each station.         Enter the sum here and in line 1 of part 5 of this schedule. |                    |                                  |                 |                            |     |  |  |
| 2                    | Instructions:<br>In the column headed "Call S  | Sian": list the ca | Il signs of all distant stations | identified by t | he letter "()" in column 5 |     |  |  |
|                      | of space G (page 3).<br>In the column headed "DSE"<br>mercial educational station, giv   | : for each indep   | endent station, give the DSE     | -               |                            |     |  |  |
| Category "O"         | , g.t.   | 0 110 2 0 2 00 1   | CATEGORY "O" STATION             | IS: DSEs        |                            |     |  |  |
| Stations             | CALL SIGN  | DSE                | CALL SIGN                        | DSE             | CALL SIGN                  | DSE |  |  |
|                      |  |                    |                                  |                 |                            |     |  |  |
|                      |  |                    |                                  |                 |                            |     |  |  |
|                      |  |                    |                                  |                 |                            |     |  |  |
|                      |  |                    |                                  |                 |                            |     |  |  |
| Add rows as          |  |                    |                                  |                 |                            |     |  |  |
| necessary.           |  |                    |                                  |                 |                            |     |  |  |
| Remember to copy     |  |                    |                                  |                 |                            |     |  |  |
| all formula into new |  |                    |                                  |                 |                            |     |  |  |
| rows.                |  |                    |                                  |                 |                            |     |  |  |
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|                      |  |                    |                                  |                 |                            |     |  |  |
|                      | l  |                    |                                  | II.             | 1                          |     |  |  |

| Name   | LEGAL NAME OF   | OWNER OF CABLE SYSTEM:<br>E, INC.   |  |  |   |  | S  | OO64 |
|--|---|---|--|--|---|--|--|------|
| <b>3</b><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel | Column :<br>figure should<br>Column :<br>be carried ou<br>Column :<br>give the type<br>Column : | : CAPACITY<br>ist the call sign of all dista<br>2: For each station, give i<br>correspond with the infor<br>3: For each station, give i<br>4: Divide the figure in coll<br>t at least to the third deci<br>5: For each independent<br>-value as ".25."<br>6: Multiply the figure in coll<br>point. This is the station' | the number of h<br>rmation given ir<br>the total numbe<br>umn 2 by the fig<br>mal point. This<br>station, give the<br>plumn 4 by the | nours your cable system<br>n space J. Calculate o<br>er of hours that the sta<br>gure in column 3, and<br>is the "basis of carriag<br>e "type-value" as "1.0.<br>figure in column 5, and | em carried the sta<br>nly one DSE for<br>tion broadcast o<br>give the result in<br>ge value" for the<br>" For each netwo<br>d give the result | ation during the account<br>each station.<br>ver the air during the acc<br>decimals in column 4. T<br>station.<br>ork or noncommercial ed<br>in column 6. Round to n | counting period.<br>This figure must<br>lucational station,<br>o less than the |      |
| Capacity   |   | (   | CATEGORY   | LAC STATIONS:  | COMPUTAT  | ION OF DSEs  |  |      |
|  | 1. CALL<br>SIGN   | 2. NUMBE<br>OF HOU<br>CARRIE<br>SYSTE   | ER<br>URS<br>ED BY   | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR   | 4. BASIS O<br>CARRIAG<br>VALUE  | F 5. TYPE  |  | SE   |
|  |   |   |  |  |   | <b>x</b>   |  |      |
|  |   |   |  |  |   | x<br>x   |  |      |
|  |   |   |  |  |   | x  |  |      |
|  |   |   | ÷  |  | =   | x  | =  |      |
|  |   |   |  |  |   |  |  |      |
|  |   | •••••••   | ÷  |  | =   | x  | =  |      |
| of DSEs for<br>Substitute-<br>asis Stations  | at your option.<br>Column 3:<br>Column 4:   | For each station give the<br>This figure should corre<br>Enter the number of day<br>Divide the figure in colur<br>This is the station's DSE   | spond with the<br>is in the calenda<br>inn 2 by the figu   | information in space I<br>ar year: 365, except in<br>ire in column 3, and gi   | a leap year.<br>ve the result in c  | column 4. Round to no le   | ess than the third   | rm). |
|  |   | SU  | JBSTITUTE-   | BASIS STATION  | S: COMPUT   | ATION OF DSEs  |  |      |
|  | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBE<br>OF DAY<br>IN YEAF  | ′S   | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBER<br>OF DAYS<br>IN YEAR  | 4. D |
|  |   |   | ÷  | =  |   |  | ÷  | =    |
|  |   |   | ÷<br>÷   | =  |   |  | ÷<br>÷   | =    |
|  |   |   | ÷  | =  |   |  | ÷  | =    |
|  |   |   | ÷<br>÷   | =  |   |  | ÷<br>÷   | =    |
|  | Add the DSEs  | s OF SUBSTITUTE-BAS<br>of each station.<br>um here and in line 3 of p   | SIS STATIONS:  |  |   | 0.0  | 7  |      |
| 5  |   | ER OF DSEs: Give the an<br>is applicable to your system   |  | boxes in parts 2, 3, and   | d 4 of this schedu  | le and add them to provid  | le the tota  |      |
| otal Number  | 1. Number o   | of DSEs from part 2●  |  |  |   | ▶  | 0.00   |      |
| of DSEs  | 2. Number of  | of DSEs from part 3●  |  |  |   | •  | 0.00   |      |
|  | 3. Number o   | of DSEs from part 4 ●   |  |  |   | ►  | 0.00   |      |
|  | TOTAL NUMBI   | ER OF DSEs  |  |  |   |  | •  | 0.   |

## ACCOUNTING PERIOD: 2017/2

|   |   | SYSTEM:          |                  |  |                 |                | S                   | STEM ID#     | Name   |
|---|---|------------------|------------------|--|-----------------|----------------|---------------------|--------------|--|
| CABLE ONE,  | INC.  |                  |                  |  |                 |                |                     | 006437       | italiio                                      |
| Instructions: Blo<br>In block A:  | ck A must be com  | pleted.          |                  |  |                 |                |                     |              |  |
| <ul> <li>If your answer if</li> </ul>   | • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the |                  |                  |  |                 |                |                     |              | 6  |
| schedule.<br>• If your answer if "No," complete blocks B and C below.   |   |                  |                  |  |                 |                |                     |              |  |
| -   | BLOCK A: TELEVISION MARKETS   |                  |                  |  |                 |                |                     |              | Computation of<br>3.75 Fee                   |
| Is the cable system<br>effect on June 24,   |   | outside of all i | major and sma    | iller markets as de  | fined under s   | ection 76.5 of | FCC rules and ree   | gulations in | 5.75 Fee                                     |
|   |   | schedule—E       | DO NOT COM       | PLETE THE REM  | AINDER OF F     | PART 6 AND 7   | ,                   |              |  |
| X No-Com  | plete blocks B and  | C below.         |                  |  |                 |                |                     |              |  |
|   |   | BL OC            |                  | IAGE OF PERI   |                 | Ee.            |                     |              |  |
| Column 1:   | List the call signs   |                  |                  |  |                 |                | tem was permitte    | d to carry   |  |
| Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry<br>URLE SIGN under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the<br>instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the<br>Satellite Television Extension and Localism Act of 2010.) |   |                  |                  |  |                 |                |                     |              |  |
| Column 2:<br>BASIS OF<br>PERMITTED  | (Note the FCC ru  | ules and regu    | lations cited b  | sis on which you o<br>elow pertain to tho<br>rket quota rules [7 | se in effect o  | n June 24, 198 |                     | +-           |  |
| CARRIAGE  | 76.61(b)(c)]  |                  |                  |  |                 |                |                     | u            |  |
|   |   |                  |                  | '6.59(d)(1), 76.61(<br>9(c), 76.61(d), 76.                       |                 |                | ′6.61(e)(1          |              |  |
|   | D Grandfathered<br>instructions for   |                  |                  | raph regarding su  | bstitution of g | randfathered   | stations in the     |              |  |
|   | E Carried pursu   | ant to individu  | ual waiver of F  | CC rules (76.7)<br>ne or substitute ba                           | eis prior to lu | ine 25 108'    |                     |              |  |
|   | G Commercial L  | JHF station w    | ithin grade-B    | contour, [76.59(d)(  |                 |                | ferring to 76.61(e) | (5)          |  |
|   | M Retransmission  | on of a distan   | t multicast stre | eam.   |                 |                |                     |              |  |
| Column 3:   |   | e stations ide   | ntified by the I | n parts 2, 3, and 4<br>etter "F" in column                       |                 |                | vorksheet on page   | e 14 of      |  |
| 1. CALL   | 2. PERMITTED  | 3. DSE           | 1. CALL          | 2. PERMITTED   | 3. DSE          | 1. CALL        | 2. PERMITTED        | 3. DSE       |  |
| SIGN  | BASIS   | 3. D3E           | SIGN             | BASIS  | 3. D3E          | SIGN           | BASIS               | 3. D3E       |  |
|   |   |                  |                  |  |                 |                |                     |              |  |
|   |   |                  |                  |  |                 |                |                     |              |  |
|   |   |                  |                  |  |                 |                |                     |              |  |
|   |   |                  |                  |  |                 |                |                     |              |  |
|   |   |                  |                  |  |                 |                |                     |              |  |
|   |   |                  |                  |  |                 |                |                     | 0.00         |  |
|   |   | P                |                  | MPUTATION OF   | 3 75 EEE        |                |                     |              |  |
|   |   | D                |                  |  | 5.751LL         |                |                     |              |  |
| Line 1: Enter the   |   |                  |                  |  |                 |                |                     | -            |  |
| Line 2: Enter the   |   |                  |                  |  |                 |                |                     | -            |  |
| Line 3: Subtract<br>(If zero, I   |   |                  |                  | r of DSEs subjec<br>7 of this schedu                             |                 | rate.          |                     | 0.00         |  |
| Line 4: Enter gro   | oss receipts from   | i space K (p     | age 7)           |  |                 |                | x 0.03              | 375          | Do any of the<br>DSEs represent<br>partially |
| Line 5: Multiply I  | line 4 by 0.0375  | and enter su     | ım here          |  |                 |                |                     |              | permited/<br>partially<br>nonpermitted       |
| Line 6: Enter tot   | al number of DS   | Es from line     | 3                |  |                 |                | х                   | -            | carriage?<br>If yes, see part                |
|   |   |                  |                  |  |                 |                |                     |              | 9 instructions.                              |
| Line 7: Multiply I  | line 6 by line 5 a  | nd enter her     | e and on line    | 2, block 3, spac   | e L (page 7)    |                | <u> </u>            | 0.00         |  |

DSE SCHEDULE. PAGE 13.

|                 | OWNER OF CABLE        | SYSTEM:  |                 |                       |           |                 | S                     | YSTEM ID# | Name                      |
|-----------------|-----------------------|----------|-----------------|-----------------------|-----------|-----------------|-----------------------|-----------|---------------------------|
| CABLE ONE,      | INC.                  |          |                 |                       |           |                 |                       | 006437    | Name                      |
|                 |                       | BLOCK    | A: TELEV        | ISION MARKET          | S (CONTIN | IUED)           |                       |           |                           |
| 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE   | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE    | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE    | 6                         |
|                 |                       |          |                 |                       |           |                 |                       |           | Computation o<br>3.75 Fee |
|                 |                       |          |                 |                       |           |                 |                       |           | 3.75 Fee                  |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       | ••••••   |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
| •••••           |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       | <b>.</b>  |                 |                       |           |                           |
|                 |                       | ••••••   |                 |                       | <b>.</b>  |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       | <b>_</b> |                 |                       |           |                 |                       |           |                           |
|                 |                       | I        |                 |                       | I         |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       | <b>.</b>  |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
| •••••           |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       | <b>-</b>  |                 |                       |           |                           |
|                 |                       | +        |                 |                       | <b>-</b>  |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       | <b>.</b>  |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       | +        |                 |                       | <b>-</b>  |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       | <b>.</b>  |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
| •••••           |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       | <b>-</b>  |                 |                       |           |                           |
|                 |                       | <b>.</b> |                 |                       | <b>.</b>  |                 |                       |           |                           |
|                 |                       | I        |                 |                       | <b>_</b>  |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       |          |                 |                       |           |                 |                       |           |                           |
|                 |                       | <b>+</b> |                 |                       |           |                 |                       |           |                           |
|                 |                       | +        |                 |                       |           |                 |                       |           |                           |
|                 |                       | <b>+</b> |                 |                       |           |                 |                       |           |                           |
|                 |                       | +        |                 |                       | +         | +               |                       |           | 1                         |

|   |  |  |                            |                    |                  |              |                  | [                 | DSE SCHEDULE. P  |       |
|---|--|--|----------------------------|--------------------|------------------|--------------|------------------|-------------------|------------------|-------|
| Nama  | LEGAL NAME OF OWN  |  | M:                         |                    |                  |              |                  |                   | SYSTE            | M ID# |
| Name  | CABLE ONE, IN  | NC.  |                            |                    |                  |              |                  |                   | 00               | 6437  |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage   | ngColumn 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule<br>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981<br>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)<br>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters<br>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.<br>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  | TED   |
|   | 1. CALL<br>SIGN  | 2. PRIOR<br>DSE  |                            | COUNTING<br>ERIOD  | 4. BASI<br>CARRI |              |                  | RESENT            | 6. PERMIT<br>DSE | IED   |
|   | SIGN   | DSE  | Pt                         | ERIOD              | CARRI            | IAGE         | L                | JSE               | DSE              |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
| 7<br>Computation<br>of the<br>Syndicated<br>Exclusivity   |  | A must be completed.<br>"Yes," complete bloc<br>"No," leave blocks B | ks B and C,<br>and C blanl |                    |                  |              |                  |                   |                  |       |
| Surcharge   | <ul> <li>Is any portion of the</li> </ul>  | cable system within a  | op 100 majo                | or television mark | et as defned     | by section 7 | 76.5 of FCC      | rules in effect J | une 24, 1981?    |       |
|   | Yes—Complete   | blocks B and C .   |                            |                    | No-              | -Proceed to  | part 8           |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   | BLOCK B: C   | arriage of VHF/Grade   | B Contour                  | Stations           |                  | BLOCI        | K C: Compu       | itation of Exem   | pt DSEs          |       |
| Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?<br>Yes—List each station below with its appropriate permitted DSE<br>Was any station listed in block B of p nity served by the cable system prior to former FCC rule 76.159)<br>Yes—List each station below with its appropriate permitted DSE |  |  |                            |                    |                  |              | prior to March 3 | 1, 1972? (refe    |                  |       |
|   | X No—Enter zero a  | and proceed to part 8.   |                            |                    | X No—            |              | and proceed t    | o parto.          |                  |       |
|   | CALL SIGN  | DSE CA   | LL SIGN                    | DSE                | CAL              | L SIGN       | DSE              | CALL SIG          | N DSI            |       |
|   |  |  |                            |                    | 0.74             |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              | <b> </b>         |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              |                  |                   |                  |       |
|   |  |  |                            |                    |                  |              | 1                |                   |                  |       |
|   |  | то   | TAL DSEs                   | 0.00               |                  |              | •                | TOTAL DS          | Es               | 0.00  |
|   |  |  |                            |                    |                  |              |                  |                   | -                |       |

L

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | SYSTEM ID#<br>006437 | Name                     |
|---------------|---|----------------------|--------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |                      |                          |
| Section       | Enter the amount of gross receipts from space K (page 7)  | 1,042,032.00         | 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<br>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<br>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<br>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 DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  | E                    |                          |
|               | 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.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                      |                          |
| Section<br>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.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>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<br>4a | X       Yes—Complete part 9 of this schedule.   |                      |                          |
|               | 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 DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.<br>A. Enter 0.00300 of gross receipts (the amount in section 1) | E                    |                          |
|               | 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)<br>and enter here   |                      |                          |
|               | D. Multiply line B by line C and enter here   |                      |                          |
|               | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                      |                          |
|               |   |                      |                          |

## ACCOUNTING PERIOD: 2017/2

|  |  | DSE SCHEI   | DULE. PAGE 16.       |
|--|--|---|----------------------|
| Name   |  |   | SYSTEM ID#<br>006437 |
|  |  | CABLE ONE, INC.   | 000437               |
| 7  | Section<br>4b  | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  |                      |
| Computation<br>of the                          |  | A. Enter 0.00300 of gross receipts (the amount in section 1)  |                      |
| Syndicated<br>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.<br>Enter here and on line 2, block 4, space L (page 7)  |                      |
|  |  | Syndicated Exclusivity Surcharge  | <u></u> .            |
| <b>8</b><br>Computation<br>of<br>Base Rate Fee | You m<br>6 was<br>• In blo<br>• If you<br>• If you<br>blank<br>What i<br>were lo | <ul> <li>Intromation:</li> <li>Introduction:</li> <li>Introduction:&lt;</li></ul> | low                  |
|  |  | 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<br>1   | Enter the amount of gross receipts from space K (page 7)  | 00                   |
|  | Section<br>2   | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes,"<br>use the total number of DSEs from part 5.)   | .00                  |
|  | Section<br>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.<br>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.<br>A. Enter 0.01064 of gross receipts  |                      |
|  |  | (the amount in section 1)   |                      |
|  |  | B. Enter 0.00701 of gross receipts (the amount in section 1)▶ \$ 7,304.64   |                      |
|  |  | C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here  |                      |
|  |  | D. Multiply line B by line C and enter here   | ·                    |
|  |  | E. Add lines A, and D. This is your base rate fee. Enter here   |                      |
|  |  | and in block 3, line 1, space L (page 7) Base Rate Fee  | _                    |
|  |  | Dase Rale ree▶  | <u></u>              |

## DSE SCHEDULE. PAGE 17.

| LEGAL N          | AME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#      | Name                       |
|------------------|--|-----------------|----------------------------|
| CABL             | E ONE, INC.  | 006437          | 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. Enter 0.00701 of gross receipts   | -               | Computation                |
|                  | (the amount in section 1)  |                 | of                         |
|                  | C. Multiply line B by 3.000 and enter here   |                 | Base Rate Fee              |
|                  | D Enter 0.00330 of aross receipts  | -               |                            |
|                  | (the amount in section 1)  |                 |                            |
|                  | E. Subtract 4.000 from total DSEs  |                 |                            |
|                  | (the figure in section 2) and enter here   |                 |                            |
|                  | F. Multiply line D by line E and enter here  |                 |                            |
|                  | G. Add lines A, C, and F. This is your base rate fee.  |                 |                            |
|                  | Enter here and in block 3, line 1, space L (page 7)  |                 |                            |
|                  | Base Rate Fee  | 0.00            |                            |
|                  | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas   |                 |                            |
| instead<br>Space | be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel G.   | line-ups in     | 9                          |
|                  | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,  |                 | Computation                |
| •                | s from subscribers located within the station's local service area, from your system's total gross receipts. To take ad<br>on, you must:   | /antage of this | of<br>Base Rate Fee        |
| First: [         | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to   | the same        | and                        |
| station          | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine th<br>and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for e                           | ne number of    | Syndicated<br>Exclusivity  |
|                  | Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.   | ach group.      | Surcharge<br>for           |
|                  | If any portion of your cable system is located within the top 100 television market and the station is not exempt in pa  |                 | Partially                  |
|                  | mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo<br>cable system is wholly located outside all major television markets, complete block A only.  | w. However,     | Distant<br>Stations, and   |
| How to           | Identify a Subscriber Group for Partially Distant Stations   |                 | for Partially<br>Permitted |
|                  | For each community served, determine the local service area of each wholly distant and each partially distant static to that community.  | on you          | Stations                   |
|                  | : For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc   | ated            |                            |
|                  | the station's local service area. A subscriber located outside the local service area of a station is distant to that statine token, the station is distant to the subscriber.)  | on (and, by     |                            |
|                  | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E  | ach             |                            |
|                  | ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note tha<br>will have only one subscriber group when the distant stations it carried have local service areas that coincide.                                    | t a cable       |                            |
|                  | iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste  | m's subscriber  |                            |
| groups           |  |                 |                            |
|                  | i section:<br>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          |                            |
| subscri<br>• If: | bers in the group.   |                 |                            |
|                  | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in   | parts 2, 3,     |                            |
|                  | of this schedule; or,<br>portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo   | ock B           |                            |
|                  | 6 of this schedule.  | , on D,         |                            |
| • Add t          | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |                 |                            |
|                  | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in<br>paper SA3 form.  | structions      |                            |
| • Comp           | ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p   |                 |                            |
| DSEs f           | In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that<br>or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need<br>calculations on the form. |                 |                            |

|      | LEGAL NAME OF OWNER OF CABLE SYSTEM: SY  | STEM ID# |
|------|--|----------|
| Name | CABLE ONE, INC.  | 006437   |
|      | 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 tap of this page. Multiply the subscriber group gross receipte by total DSEs by  |          |
|      | 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.   |          |
|      | <b>Step 3:</b> 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.   |          |
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| LEGAL NAME OF OWNE                             |                                   | LE SYSTEM:                                       |             |                         |                | S              | VSTEM ID#<br>006437 | Name              |
|--|-----------------------------------|--|-------------|-------------------------|----------------|----------------|---------------------|-------------------|
| BL   | OCK A:                            | COMPUTATION OF                                   | BASE RA     | TE FEES FOR EACH        | SUBSCR         | IBER GROUP     |                     |                   |
|  |                                   | SUBSCRIBER GROU                                  |             |                         |                | SUBSCRIBER GRO | UP                  | •                 |
| COMMUNITY/ AREA                                |                                   |  | 0           | COMMUNITY/ AREA 0       |                |                |                     | 9<br>Computation  |
| CALL SIGN                                      | DSE                               | CALL SIGN  | DSE         | CALL SIGN               | DSE            | CALL SIGN      | DSE                 | of                |
|  |                                   |  |             |                         | <mark>.</mark> |                |                     | Base Rate Fee     |
|  |                                   |  |             |                         |                |                |                     | and<br>Syndicated |
|  |                                   |  |             |                         | ··             |                |                     | Exclusivity       |
|  |                                   |  |             | -                       |                |                |                     | Surcharge         |
|  |                                   |  |             |                         |                |                |                     | for               |
|  |                                   |  |             |                         |                |                |                     | Partially         |
|  |                                   |  |             |                         |                |                |                     | Distant           |
|  |                                   |  | +           |                         | ··             |                | ····                | Stations          |
|  |                                   |  | 1           |                         | 1              |                |                     |                   |
|  |                                   | ]  | I           |                         |                |                |                     |                   |
|  |                                   |  |             |                         | <mark>.</mark> |                |                     |                   |
|  |                                   |  |             |                         | <mark>.</mark> |                | ·····               |                   |
|  |                                   |  | <u> </u>    |                         |                | 11             |                     |                   |
| Total DSEs                                     |                                   |  | 0.00        | Total DSEs              |                |                | 0.00                |                   |
| Gross Receipts First Gr                        | oup                               | \$   | 0.00        | Gross Receipts Secor    | nd Group       | \$             | 0.00                |                   |
| Base Rate Fee First Gr                         | oup                               | \$   | 0.00        | Base Rate Fee Secor     | nd Group       | \$             | 0.00                |                   |
|  | THIRD                             | SUBSCRIBER GROU                                  | IP          |                         | FOURTH         | SUBSCRIBER GRO | UP                  |                   |
| COMMUNITY/ AREA                                |                                   |  | 0           | COMMUNITY/ AREA         | 0              |                |                     |                   |
| CALL SIGN                                      | DSE                               | CALL SIGN  | DSE         | CALL SIGN               | DSE            | CALL SIGN      | DSE                 |                   |
|  |                                   |  |             |                         |                |                |                     |                   |
|  |                                   |  |             |                         |                |                |                     |                   |
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|  |                                   |  |             |                         | •              |                |                     |                   |
|  |                                   |  | <b>-</b>    |                         |                |                |                     |                   |
|  |                                   | ]  | I           |                         |                |                |                     |                   |
|  |                                   |  |             |                         |                |                |                     |                   |
| Total DSEs                                     |                                   |  | 0.00        | Total DSEs              |                |                | 0.00                |                   |
| Gross Receipts Third G                         | iroup                             | \$   | 0.00        | Gross Receipts Fourt    | n Group        | \$             | 0.00                |                   |
| Base Rate Fee Third G                          | roup                              | \$   | 0.00        | Base Rate Fee Fourth    | n Group        | \$             | 0.00                |                   |
|  |                                   |  |             |                         |                |                |                     |                   |
| Base Rate Fee: Add the Enter here and in block | e <b>base rat</b><br>3, line 1, s | e <b>tees</b> for each subsc<br>space L (page 7) | riber group | as shown in the boxes a | above.         | \$             | 0.00                |                   |

| FORM SA3E. PAGE 19 | FORM | SA3E. | PAGE | 19 |
|--------------------|------|-------|------|----|
|--------------------|------|-------|------|----|

| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |              | LE SYSTEM:             |                |  |         | S               | YSTEM ID#<br>006437 | Name                     |
|---------------------------------------|--------------|------------------------|----------------|--|---------|-----------------|---------------------|--------------------------|
| BL                                    |              |                        |                | TE FEES FOR EACH                         |         |                 |                     |                          |
| COMMUNITY/ AREA                       | FIFIH        | SUBSCRIBER GROU        | <u>קר</u><br>ס | SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 |         |                 |                     | 9                        |
|                                       |              |                        |                |  |         |                 |                     | Computation              |
| CALL SIGN                             | DSE          | CALL SIGN              | DSE            | CALL SIGN                                | DSE     | CALL SIGN       | DSE                 | of<br>Base Rate Fee      |
|                                       |              |                        |                |  |         |                 |                     | and                      |
|                                       |              |                        |                |  |         |                 |                     | Syndicated               |
|                                       |              |                        |                |  |         |                 |                     | Exclusivity<br>Surcharge |
|                                       |              | -                      |                |  |         |                 |                     | for                      |
|                                       |              |                        |                |  |         |                 |                     | Partially                |
|                                       |              |                        |                |  |         |                 |                     | Distant<br>Stations      |
|                                       |              | -                      |                |  |         |                 |                     | otations                 |
|                                       |              |                        |                |  |         |                 |                     |                          |
|                                       |              |                        |                |  |         |                 |                     |                          |
|                                       |              |                        |                |  |         | •               |                     |                          |
|                                       |              |                        |                |  |         |                 |                     |                          |
| Total DSEs                            |              |                        | 0.00           | Total DSEs                               |         |                 | 0.00                |                          |
| Gross Receipts First Group \$ 0.00    |              |                        | 0.00           | Gross Receipts Secon                     | d Group | \$              | 0.00                |                          |
| Base Rate Fee First G                 |              | \$                     | 0.00           | Base Rate Fee Secon                      |         | \$              | 0.00                |                          |
|                                       | SEVENTH      | SUBSCRIBER GROU        |                |  | EIGHTH  | SUBSCRIBER GROU | JP<br>0             |                          |
| COMMUNITY/ AREA                       |              |                        | 0              | COMMUNITY/ AREA                          |         |                 |                     |                          |
| CALL SIGN                             | DSE          | CALL SIGN              | DSE            | CALL SIGN                                | DSE     | CALL SIGN       | DSE                 |                          |
|                                       |              | -                      |                |  |         |                 |                     |                          |
|                                       |              |                        |                |  |         |                 |                     |                          |
|                                       |              |                        |                |  |         |                 |                     |                          |
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|                                       |              | -                      |                |  |         |                 |                     |                          |
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|                                       |              |                        |                |  |         |                 |                     |                          |
|                                       |              |                        |                |  |         |                 |                     |                          |
|                                       |              |                        |                |  |         |                 |                     |                          |
|                                       |              |                        |                |  |         |                 |                     |                          |
|                                       |              |                        |                |  |         | •               |                     |                          |
| Total DSEs                            |              |                        | 0.00           | Total DSEs                               |         |                 | 0.00                |                          |
| Gross Receipts Third G                | Group        | \$                     | 0.00           | Gross Receipts Fourth                    | Group   | \$              | 0.00                |                          |
| Base Rate Fee Third G                 | iroup        | \$                     | 0.00           | Base Rate Fee Fourth                     | Group   | \$              | 0.00                |                          |
| Base Rate Fee: Add th                 | e base rat   | te fees for each subso | riber group    | as shown in the boxes a                  | above.  |                 |                     |                          |
| Enter here and in block               | 3, line 1, s | space L (page 7)       |                |  |         | \$              |                     |                          |

| FORM SA3E. F | PAGE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CABI       | LE SYSTEM:             |             |                       |         | SY               | STEM ID#<br>006437 | Name                      |
|---------------------------------------|-----------------|------------------------|-------------|-----------------------|---------|------------------|--------------------|---------------------------|
| BL                                    |                 |                        |             | TE FEES FOR EACH      |         |                  |                    |                           |
| COMMUNITY/ AREA                       | NINTH           | SUBSCRIBER GROU        | JP<br>0     | COMMUNITY/ AREA       | TENTH   | SUBSCRIBER GROUF | <u> </u>           | 9<br>Computation          |
| CALL SIGN                             | DSE             | CALL SIGN              | DSE         | CALL SIGN             | DSE     | CALL SIGN        | DSE                | Computation<br>of         |
|                                       |                 |                        |             |                       |         |                  |                    | Base Rate Fee             |
|                                       |                 |                        |             |                       |         |                  |                    | and                       |
|                                       |                 |                        |             |                       |         |                  |                    | Syndicated<br>Exclusivity |
|                                       |                 |                        |             |                       |         |                  |                    | Surcharge                 |
|                                       |                 |                        |             |                       |         |                  |                    | for                       |
|                                       |                 | -                      |             |                       |         |                  |                    | Partially<br>Distant      |
|                                       |                 |                        |             |                       |         |                  |                    | Stations                  |
|                                       |                 | -                      |             |                       |         |                  |                    |                           |
|                                       |                 |                        |             |                       |         |                  |                    |                           |
|                                       |                 |                        |             |                       |         | _                |                    |                           |
|                                       |                 |                        |             |                       |         |                  |                    |                           |
|                                       |                 |                        |             |                       |         |                  |                    |                           |
| Total DSEs                            |                 |                        | 0.00        | Total DSEs            |         |                  | 0.00               |                           |
| Gross Receipts First Gr               | oup             | <u>\$</u>              | 0.00        | Gross Receipts Secon  | d Group | <u>\$</u>        | 0.00               |                           |
| Base Rate Fee First Gr                |                 | \$                     | 0.00        | Base Rate Fee Secon   |         | \$               | 0.00               |                           |
|                                       | EVENTH          | SUBSCRIBER GROU        |             |                       |         |                  |                    |                           |
| COMMUNITY/ AREA                       | COMMUNITY/ AREA |                        | 0           | COMMUNITY/ AREA       |         |                  | 0                  |                           |
| CALL SIGN                             | DSE             | CALL SIGN              | DSE         | CALL SIGN             | DSE     | CALL SIGN        | DSE                |                           |
|                                       |                 |                        |             |                       |         |                  |                    |                           |
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|                                       |                 |                        |             |                       |         |                  |                    |                           |
|                                       |                 |                        |             |                       |         |                  |                    |                           |
| Total DSEs                            | I               |                        | 0.00        | Total DSEs            |         |                  | 0.00               |                           |
| Gross Receipts Third G                | roup            | ¢                      | 0.00        |                       | Group   | ¢                | 0.00               |                           |
| Gross Necelpis Third G                | Jup             | <u>\$</u>              | 0.00        | Gross Receipts Fourth | Joup    | \$               | 0.00               |                           |
| Base Rate Fee Third G                 | roup            | \$                     | 0.00        | Base Rate Fee Fourth  | Group   | \$               | 0.00               |                           |
| Base Rate Fee: Add th                 | a hasa raf      | to foos for each subsc | riber group | as shown in the bayes | above   |                  |                    |                           |
| Enter here and in block               |                 |                        | iber group  |                       | 4DUVC.  | \$               |                    |                           |

| FORM SA3E. PA | GE | 19. |
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| CABLE ONE, INC.  |   |             |                         |          |                 | STEM ID#<br>006437 | Name                 |
|--|---|-------------|-------------------------|----------|-----------------|--------------------|----------------------|
|  |   |             | TE FEES FOR EACH        |          |                 |                    |                      |
| -  | THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP |             |                         |          |                 | 9                  |                      |
| OMMUNITY/ AREA 0   |   |             | COMMUNITY/ AREA         |          |                 | 0                  | -                    |
| CALL SIGN DSE  | CALL SIGN   | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE                | Computation<br>of    |
|  |   | DOL         | UALL DIGIN              | DOL      |                 | DOL                | Base Rate Fee        |
|  |   |             |                         |          |                 |                    | and                  |
|  |   |             |                         |          |                 |                    | Syndicated           |
|  |   |             |                         |          |                 |                    | Exclusivity          |
|  |   |             |                         |          |                 |                    | Surcharge            |
|  |   |             |                         |          |                 |                    | for                  |
|  |   |             |                         |          |                 |                    | Partially<br>Distant |
|  |   |             |                         |          |                 |                    | Stations             |
|  |   |             |                         |          |                 |                    |                      |
|  |   |             | ]                       |          |                 |                    |                      |
|  |   |             |                         |          |                 |                    |                      |
|  |   |             |                         |          |                 |                    |                      |
|  |   |             |                         |          |                 |                    |                      |
|  |   |             |                         |          |                 |                    |                      |
| Total DSEs   |   | 0.00        | Total DSEs              |          |                 | 0.00               |                      |
| Gross Receipts First Group   | \$  | 0.00        | Gross Receipts Secon    | d Group  | \$              | 0.00               |                      |
| Base Rate Fee First Group  | \$  | 0.00        | Base Rate Fee Secon     | d Group  | \$              | 0.00               |                      |
| FIFTEENTH  | I SUBSCRIBER GROU                                       | JP          | S                       | IXTEENTH | SUBSCRIBER GROU | Р                  |                      |
| COMMUNITY/ AREA  |   | 0           | COMMUNITY/ AREA 0       |          |                 |                    |                      |
| CALL SIGN DSE  | CALL SIGN   | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE                |                      |
|  |   |             |                         |          |                 |                    |                      |
|  |   |             |                         |          |                 |                    |                      |
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|  |   |             |                         |          |                 | <b>.</b>           |                      |
|  |   |             |                         |          |                 |                    |                      |
| Total DSEs   |   | 0.00        | Total DSEs              |          |                 | 0.00               |                      |
| Gross Receipts Third Group   | \$  | 0.00        | Gross Receipts Fourth   | Group    | \$              | 0.00               |                      |
| Base Rate Fee Third Group  | \$  | 0.00        | Base Rate Fee Fourth    | Group    | \$              | 0.00               |                      |
| Base Rate Fee: Add the base ra<br>Enter here and in block 3, line 1, |   | riber group | as shown in the boxes a | above.   | \$              |                    |                      |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |         | LE SYSTEM:     |             |                         |         | S               | YSTEM ID#<br>006437 | Name              |
|---------------------------------------|---------|----------------|-------------|-------------------------|---------|-----------------|---------------------|-------------------|
|                                       |         |                |             | TE FEES FOR EACH        |         |                 |                     |                   |
| SEVEN<br>COMMUNITY/ AREA              | NTEENTH | SUBSCRIBER GRO | UP<br>0     | EIG<br>COMMUNITY/ AREA  | HTEENTH | SUBSCRIBER GROU | JP<br>0             | 9                 |
|                                       |         |                | •           |                         |         |                 | •                   | Computation       |
| CALL SIGN                             | DSE     | CALL SIGN      | DSE         | CALL SIGN               | DSE     | CALL SIGN       | DSE                 | of                |
|                                       |         |                |             |                         |         |                 |                     | Base Rate Fee     |
|                                       |         |                |             |                         |         |                 |                     | and<br>Syndicated |
|                                       |         |                |             |                         |         |                 |                     | Exclusivity       |
|                                       |         |                |             |                         |         |                 |                     | Surcharge         |
|                                       |         |                |             |                         |         |                 |                     | for<br>Partially  |
|                                       |         | -              |             |                         |         |                 |                     | Distant           |
|                                       |         |                |             |                         |         |                 |                     | Stations          |
|                                       |         |                |             |                         |         |                 |                     |                   |
|                                       |         |                |             |                         |         | +               |                     |                   |
|                                       |         |                |             |                         |         |                 |                     |                   |
|                                       |         |                |             |                         |         |                 |                     |                   |
|                                       |         |                |             |                         |         |                 |                     |                   |
| Total DSEs                            |         |                | 0.00        | Total DSEs              |         |                 | 0.00                |                   |
| Gross Receipts First G                | roup    | \$             | 0.00        | Gross Receipts Secon    | d Group | \$              | 0.00                |                   |
| Base Rate Fee First Group \$ 0.00     |         |                | 0.00        | Base Rate Fee Secon     |         | \$              | 0.00                |                   |
|                                       | NTEENTH | SUBSCRIBER GRO |             | Τν                      |         |                 |                     |                   |
| COMMUNITY/ AREA                       |         |                | 0           | COMMUNITY/ AREA         |         |                 | 0                   |                   |
| CALL SIGN                             | DSE     | CALL SIGN      | DSE         | CALL SIGN               | DSE     | CALL SIGN       | DSE                 |                   |
|                                       |         |                |             |                         |         |                 |                     |                   |
|                                       |         |                |             |                         |         |                 |                     |                   |
|                                       |         |                |             |                         |         |                 |                     |                   |
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|                                       |         |                |             |                         |         |                 |                     |                   |
|                                       |         |                |             |                         |         |                 |                     |                   |
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|                                       |         |                |             |                         |         |                 |                     |                   |
|                                       |         |                |             |                         |         |                 |                     |                   |
|                                       |         |                |             |                         |         |                 |                     |                   |
|                                       |         |                |             |                         |         |                 |                     |                   |
| Total DSEs                            |         |                | 0.00        | Total DSEs              |         |                 | 0.00                |                   |
| Gross Receipts Third G                | Group   | \$             | 0.00        | Gross Receipts Fourth   | Group   | \$              | 0.00                |                   |
|                                       |         |                |             |                         | -       |                 |                     |                   |
| Base Rate Fee Third G                 | Group   | \$             | 0.00        | Base Rate Fee Fourth    | Group   | \$              | 0.00                |                   |
| D D.4                                 |         |                |             |                         |         |                 |                     |                   |
| Enter here and in block               |         |                | cuper group | as shown in the boxes a | adove.  | \$              |                     |                   |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CABI  | LE SYSTEM:            |              |                           |         | S               | YSTEM ID#<br>006437 | Name                 |
|---------------------------------------|------------|-----------------------|--------------|---------------------------|---------|-----------------|---------------------|----------------------|
|                                       |            |                       |              | TE FEES FOR EACH          |         |                 |                     |                      |
| TWEN<br>COMMUNITY/ AREA               | I Y-FIRST  | SUBSCRIBER GRO        | UP<br>0      | TWENTY<br>COMMUNITY/ AREA | -SECOND | SUBSCRIBER GROL | JP<br>0             | 9                    |
|                                       |            |                       | <u> </u>     |                           |         |                 | •                   | Computation          |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE          | CALL SIGN                 | DSE     | CALL SIGN       | DSE                 | of                   |
|                                       |            |                       |              |                           |         |                 |                     | Base Rate Fee<br>and |
|                                       |            |                       |              |                           |         |                 |                     | Syndicated           |
|                                       |            |                       |              |                           |         |                 |                     | Exclusivity          |
|                                       |            | -                     |              |                           |         |                 |                     | Surcharge<br>for     |
|                                       |            |                       |              |                           |         |                 |                     | Partially            |
|                                       |            |                       |              |                           |         |                 |                     | Distant              |
|                                       |            |                       |              |                           |         |                 |                     | Stations             |
|                                       |            |                       |              |                           |         |                 |                     |                      |
|                                       |            |                       |              |                           |         |                 |                     |                      |
|                                       |            |                       |              |                           |         |                 |                     |                      |
|                                       |            |                       |              |                           |         |                 |                     |                      |
| Total DSEs                            |            |                       | 0.00         | Total DSEs                |         |                 | 0.00                |                      |
| Gross Receipts First G                | roup       | \$                    | 0.00         | Gross Receipts Secon      | d Group | \$              | 0.00                |                      |
| Base Rate Fee First G                 |            | \$                    | 0.00         | Base Rate Fee Secon       |         | \$              | 0.00                |                      |
| TWEN1<br>COMMUNITY/ AREA              | Y-THIRD    | SUBSCRIBER GRO        | UP<br>0      |                           |         |                 |                     |                      |
| COMMONT IT AREA                       |            |                       | U            | COMMUNITY/ AREA           |         |                 |                     |                      |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE          | CALL SIGN                 | DSE     | CALL SIGN       | DSE                 |                      |
|                                       |            |                       |              |                           |         |                 |                     |                      |
|                                       |            |                       |              |                           |         |                 |                     |                      |
|                                       |            |                       |              |                           |         |                 |                     |                      |
|                                       |            |                       |              |                           |         |                 |                     |                      |
|                                       |            |                       |              |                           |         |                 |                     |                      |
|                                       |            | -                     |              |                           |         |                 |                     |                      |
|                                       |            |                       |              |                           |         |                 |                     |                      |
|                                       |            |                       |              |                           |         |                 |                     |                      |
|                                       |            |                       |              |                           |         |                 |                     |                      |
|                                       |            |                       |              |                           |         |                 |                     |                      |
|                                       |            |                       |              | ·····                     |         |                 |                     |                      |
| Total DSEs                            |            |                       | 0.00         | Total DSEs                |         |                 | 0.00                |                      |
| Gross Receipts Third G                | iroup      | \$                    | 0.00         | Gross Receipts Fourth     | Group   | \$              | 0.00                |                      |
| Base Rate Fee Third G                 | roup       | \$                    | 0.00         | Base Rate Fee Fourth      | Group   | \$              | 0.00                |                      |
| Base Rate Fee: Add th                 | e base rat | te fees for each subs | criber group | as shown in the boxes a   | above.  |                 |                     |                      |
| Enter here and in block               |            |                       | U P          |                           |         | \$              |                     |                      |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |          | LE SYSTEM:     |             |                         |            | S               | YSTEM ID#<br>006437 | Name                 |
|---------------------------------------|----------|----------------|-------------|-------------------------|------------|-----------------|---------------------|----------------------|
|                                       |          |                |             | TE FEES FOR EACH        |            |                 |                     |                      |
| TWEN<br>COMMUNITY/ AREA               | TY-FIFTH | SUBSCRIBER GRO | UP<br>0     | TWEN<br>COMMUNITY/ AREA | ITY-SIXTH  | SUBSCRIBER GROU | JP<br>0             | 9                    |
|                                       |          |                |             |                         |            |                 |                     | Computation          |
| CALL SIGN                             | DSE      | CALL SIGN      | DSE         | CALL SIGN               | DSE        | CALL SIGN       | DSE                 | of                   |
|                                       |          |                |             |                         |            |                 |                     | Base Rate Fee<br>and |
|                                       |          |                |             |                         |            | •               |                     | Syndicated           |
|                                       |          | -              |             |                         |            |                 |                     | Exclusivity          |
|                                       |          |                |             |                         |            |                 |                     | Surcharge            |
|                                       |          |                |             |                         |            | +               |                     | for<br>Partially     |
|                                       |          |                |             |                         |            |                 |                     | Distant              |
|                                       |          |                |             |                         |            |                 |                     | Stations             |
|                                       |          |                |             |                         |            |                 |                     |                      |
|                                       |          |                |             |                         |            |                 |                     |                      |
|                                       |          |                |             |                         |            |                 |                     |                      |
|                                       |          |                |             |                         |            |                 |                     |                      |
|                                       |          |                | 0.00        |                         | ļ          | 11              | 0.00                |                      |
| Total DSEs                            |          | -              |             | Total DSEs              | 1.0        |                 |                     |                      |
| Gross Receipts First G                | roup     | \$             | 0.00        | Gross Receipts Secon    | a Group    | \$              | 0.00                |                      |
| Base Rate Fee First G                 | roup     | \$             | 0.00        | Base Rate Fee Secon     | d Group    | \$              | 0.00                |                      |
|                                       | SEVENTH  | SUBSCRIBER GRO |             | TWENT                   |            |                 |                     |                      |
| COMMUNITY/ AREA                       |          |                | 0           | COMMUNITY/ AREA         |            |                 | 0                   |                      |
| CALL SIGN                             | DSE      | CALL SIGN      | DSE         | CALL SIGN               | DSE        | CALL SIGN       | DSE                 |                      |
|                                       |          |                |             |                         |            |                 |                     |                      |
|                                       |          |                |             |                         |            |                 |                     |                      |
|                                       |          |                |             |                         |            |                 |                     |                      |
|                                       |          |                |             |                         |            |                 |                     |                      |
|                                       |          |                |             |                         |            | •               |                     |                      |
|                                       |          |                |             |                         |            |                 |                     |                      |
|                                       |          |                |             |                         |            |                 |                     |                      |
|                                       |          |                |             |                         |            | +               |                     |                      |
|                                       |          |                |             |                         |            |                 |                     |                      |
|                                       |          |                |             |                         |            |                 |                     |                      |
|                                       |          |                |             |                         |            | ++              |                     |                      |
| Total DSEs                            |          |                | 0.00        | Total DSEs              | 1          |                 | 0.00                |                      |
| Gross Receipts Third G                | Group    | \$             | 0.00        | Gross Receipts Fourth   | Group      | \$              | 0.00                |                      |
|                                       |          |                |             |                         | r          |                 |                     |                      |
| Base Rate Fee Third G                 | Group    | \$             | 0.00        | Base Rate Fee Fourth    | Group      | \$              | 0.00                |                      |
|                                       |          |                |             | an altra in the l       | - <b>b</b> |                 | 1                   |                      |
| Enter here and in block               |          |                | unner atonb | as shown in the boxes a | aDUVE.     | \$              |                     |                      |

| FORM SA3E. PAGE 19 |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CABI  | LE SYSTEM:            |             |                         |          | S               | YSTEM ID#<br>006437 | Name                 |
|---------------------------------------|------------|-----------------------|-------------|-------------------------|----------|-----------------|---------------------|----------------------|
|                                       |            |                       |             | TE FEES FOR EACH        |          |                 |                     |                      |
| TWENT                                 | Y-NINTH    | SUBSCRIBER GRO        | JP<br>0     | COMMUNITY/ AREA         | HIRTIETH | SUBSCRIBER GROU | JP<br>0             | 9                    |
|                                       |            |                       | ······      |                         |          |                 | •                   | Computation          |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE                 | of                   |
|                                       |            |                       |             |                         |          |                 |                     | Base Rate Fee<br>and |
|                                       |            |                       |             |                         |          |                 |                     | Syndicated           |
|                                       |            |                       |             |                         |          |                 |                     | Exclusivity          |
|                                       |            | -                     |             |                         |          |                 |                     | Surcharge<br>for     |
|                                       |            |                       |             |                         |          |                 |                     | Partially            |
|                                       |            |                       |             |                         |          |                 |                     | Distant              |
|                                       |            |                       |             |                         |          |                 |                     | Stations             |
|                                       |            |                       |             |                         |          |                 |                     |                      |
|                                       |            |                       |             |                         |          |                 |                     |                      |
|                                       |            |                       |             |                         |          |                 |                     |                      |
|                                       |            |                       |             |                         |          |                 |                     |                      |
| Total DSEs                            |            |                       | 0.00        | Total DSEs              |          |                 | 0.00                |                      |
| Gross Receipts First G                | roup       | \$                    | 0.00        | Gross Receipts Secon    | d Group  | \$              | 0.00                |                      |
| Base Rate Fee First Gr                |            | \$                    | 0.00        | Base Rate Fee Secon     |          | \$              | 0.00                |                      |
|                                       | TY-FIRST   | SUBSCRIBER GRO        | JP<br>0     |                         |          |                 |                     |                      |
| COMMUNITY/ AREA                       |            |                       |             | COMMUNITY/ AREA         |          |                 |                     |                      |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE                 |                      |
|                                       |            |                       |             |                         |          |                 |                     |                      |
|                                       |            |                       |             |                         |          |                 |                     |                      |
|                                       |            |                       |             |                         |          |                 |                     |                      |
|                                       |            |                       |             |                         |          |                 |                     |                      |
|                                       |            |                       |             |                         |          |                 |                     |                      |
|                                       |            |                       |             |                         |          |                 |                     |                      |
|                                       |            |                       |             |                         |          |                 |                     |                      |
|                                       |            |                       |             |                         |          |                 |                     |                      |
|                                       |            | ]                     |             |                         |          |                 |                     |                      |
|                                       |            |                       |             |                         |          |                 |                     |                      |
|                                       |            |                       |             |                         |          | <u> </u>        |                     |                      |
| Total DSEs                            |            |                       | 0.00        | Total DSEs              |          |                 | 0.00                |                      |
| Gross Receipts Third G                | iroup      | \$                    | 0.00        | Gross Receipts Fourth   | Group    | \$              | 0.00                |                      |
| Base Rate Fee Third G                 | roup       | \$                    | 0.00        | Base Rate Fee Fourth    | Group    | \$              | 0.00                |                      |
| Base Rate Fee: Add th                 | e base rat | te fees for each subs | riber group | as shown in the boxes a | above.   |                 |                     |                      |
| Enter here and in block               |            |                       |             |                         |          | \$              |                     |                      |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CAB   | LE SYSTEM:       |              |                           |         | S               | YSTEM ID#<br>006437 | Name                 |
|---------------------------------------|------------|------------------|--------------|---------------------------|---------|-----------------|---------------------|----------------------|
|                                       |            |                  |              | TE FEES FOR EACH          |         |                 |                     |                      |
| THIRT<br>COMMUNITY/ AREA              | Y-THIRD    | SUBSCRIBER GRO   | JP<br>0      | THIRTY<br>COMMUNITY/ AREA | -FOURTH | SUBSCRIBER GROL | JP<br>0             | 9                    |
|                                       |            |                  |              |                           |         |                 |                     | Computation          |
| CALL SIGN                             | DSE        | CALL SIGN        | DSE          | CALL SIGN                 | DSE     | CALL SIGN       | DSE                 | of                   |
|                                       |            |                  |              |                           |         |                 |                     | Base Rate Fee<br>and |
|                                       |            |                  |              |                           |         |                 |                     | Syndicated           |
|                                       |            |                  |              |                           |         |                 |                     | Exclusivity          |
|                                       |            |                  |              |                           |         |                 |                     | Surcharge<br>for     |
|                                       |            |                  |              |                           |         |                 |                     | Partially            |
|                                       |            |                  |              |                           |         |                 |                     | Distant              |
|                                       |            |                  |              |                           |         |                 |                     | Stations             |
|                                       |            |                  |              |                           |         |                 |                     |                      |
|                                       |            |                  |              |                           |         |                 |                     |                      |
|                                       |            |                  |              |                           |         |                 |                     |                      |
|                                       |            |                  |              |                           |         |                 |                     |                      |
| Total DSEs                            |            |                  | 0.00         | Total DSEs                |         |                 | 0.00                |                      |
| Gross Receipts First Gr               | roup       | \$               | 0.00         | Gross Receipts Secon      | d Group | \$              | 0.00                |                      |
| Base Rate Fee First Gr                |            | \$               | 0.00         | Base Rate Fee Secon       |         | \$              | 0.00                |                      |
|                                       | TY-FIFTH   | SUBSCRIBER GRO   | JP<br>0      |                           |         |                 |                     |                      |
| COMMUNITY/ AREA                       |            |                  |              | COMMUNITY/ AREA           |         |                 |                     |                      |
| CALL SIGN                             | DSE        | CALL SIGN        | DSE          | CALL SIGN                 | DSE     | CALL SIGN       | DSE                 |                      |
|                                       |            |                  |              |                           |         |                 |                     |                      |
|                                       |            |                  |              |                           |         |                 |                     |                      |
|                                       |            |                  |              |                           |         |                 |                     |                      |
|                                       |            |                  |              |                           |         |                 |                     |                      |
|                                       |            |                  |              |                           |         | •               |                     |                      |
|                                       |            |                  |              |                           |         |                 |                     |                      |
|                                       |            |                  |              |                           |         |                 |                     |                      |
|                                       |            | -                |              |                           |         |                 |                     |                      |
|                                       |            |                  |              |                           |         |                 |                     |                      |
|                                       |            |                  |              |                           |         |                 |                     |                      |
|                                       |            |                  |              |                           |         |                 |                     |                      |
| Total DSEs                            |            |                  | 0.00         | Total DSEs                |         |                 | 0.00                |                      |
| Gross Receipts Third G                | iroup      | \$               | 0.00         | Gross Receipts Fourth     | Group   | \$              | 0.00                |                      |
| Base Rate Fee Third G                 | roup       | \$               | 0.00         | Base Rate Fee Fourth      | Group   | \$              | 0.00                |                      |
|                                       |            |                  | criber group | as shown in the boxes a   | above.  |                 |                     |                      |
| Enter here and in block               | 3, line 1, | space L (page 7) |              |                           |         | \$              |                     |                      |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CAB   | LE SYSTEM:            |              |                                |         | S         | YSTEM ID#<br>006437 | Name              |
|---------------------------------------|------------|-----------------------|--------------|--------------------------------|---------|-----------|---------------------|-------------------|
|                                       |            |                       |              | TE FEES FOR EACH               |         |           |                     |                   |
| THIRTY-S                              | SEVENTH    | SUBSCRIBER GRO        | UP<br>0      | THIRTY-EIGHTH SUBSCRIBER GROUP |         |           |                     | 9                 |
|                                       |            |                       | U            | COMMUNITY/ AREA                |         |           | U                   | Computation       |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE          | CALL SIGN                      | DSE     | CALL SIGN | DSE                 | of                |
|                                       |            |                       |              |                                |         |           |                     | Base Rate Fee     |
|                                       |            |                       |              |                                |         |           |                     | and<br>Syndicated |
|                                       |            |                       |              |                                |         |           |                     | Exclusivity       |
|                                       |            |                       |              |                                |         |           |                     | Surcharge         |
|                                       |            |                       |              |                                |         |           |                     | for<br>Partially  |
|                                       |            |                       |              |                                |         |           |                     | Distant           |
|                                       |            |                       |              |                                |         |           |                     | Stations          |
|                                       |            |                       |              |                                |         |           |                     |                   |
|                                       |            | -                     |              |                                |         |           |                     |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
| Total DSEs                            | . <u> </u> |                       | 0.00         | Total DSEs                     | Į       | ·····     | 0.00                |                   |
| Gross Receipts First G                | roup       | \$                    | 0.00         | Gross Receipts Secor           | d Group | \$        | 0.00                |                   |
| Base Rate Fee First G                 |            | \$                    | 0.00         | Base Rate Fee Secon            |         | \$        | 0.00                |                   |
|                                       | TY-NINTH   | SUBSCRIBER GRO        |              |                                |         |           |                     |                   |
| COMMUNITY/ AREA                       |            |                       | 0            | COMMUNITY/ AREA                |         |           | U                   |                   |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE          | CALL SIGN                      | DSE     | CALL SIGN | DSE                 |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
|                                       |            |                       |              |                                |         |           |                     |                   |
| Tatal DOC-                            | 1          |                       | 0.00         |                                |         |           | 0.00                |                   |
| Total DSEs                            |            |                       | 0.00         | Total DSEs                     | _       |           | 0.00                |                   |
| Gross Receipts Third G                | Froup      | \$                    | 0.00         | Gross Receipts Fourth          | I Group | \$        | 0.00                |                   |
| Base Rate Fee Third G                 | iroup      | \$                    | 0.00         | Base Rate Fee Fourth           | Group   | \$        | 0.00                |                   |
| Base Rate Fee: Add th                 | e base rat | te fees for each subs | criber aroun | as shown in the boxes          | above.  |           |                     |                   |
| Enter here and in block               |            |                       | U - F        |                                |         | \$        |                     |                   |

| FORM SA3E. PAGE 19 |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |                                   | LE SYSTEM:       |              |                          |          | S               | YSTEM ID#<br>006437 | Name                 |
|---------------------------------------|-----------------------------------|------------------|--------------|--------------------------|----------|-----------------|---------------------|----------------------|
|                                       |                                   |                  |              | TE FEES FOR EACH         |          |                 |                     |                      |
| FOR<br>COMMUNITY/ AREA                | TY-FIRST                          | SUBSCRIBER GRO   | UP<br>0      | FORTY<br>COMMUNITY/ AREA | -SECOND  | SUBSCRIBER GROL | лр<br><b>О</b>      | 9                    |
|                                       |                                   |                  | <u> </u>     |                          |          |                 | •                   | Computation          |
| CALL SIGN                             | DSE                               | CALL SIGN        | DSE          | CALL SIGN                | DSE      | CALL SIGN       | DSE                 | of                   |
|                                       |                                   |                  |              |                          |          |                 |                     | Base Rate Fee<br>and |
|                                       |                                   |                  |              |                          |          |                 |                     | Syndicated           |
|                                       |                                   |                  |              |                          |          |                 |                     | Exclusivity          |
|                                       |                                   |                  |              |                          |          |                 |                     | Surcharge<br>for     |
|                                       |                                   |                  |              |                          |          |                 |                     | Partially            |
|                                       |                                   |                  |              |                          |          |                 |                     | Distant              |
|                                       |                                   |                  |              |                          |          |                 |                     | Stations             |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
|                                       |                                   |                  |              |                          |          | •               |                     |                      |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
| Total DSEs                            |                                   |                  | 0.00         | Total DSEs               |          |                 | 0.00                |                      |
| Gross Receipts First G                | roup                              | <u>\$</u>        | 0.00         | Gross Receipts Secon     | d Group  | \$              | 0.00                |                      |
|                                       | Base Rate Fee First Group \$ 0.00 |                  |              | Base Rate Fee Secon      |          | \$              | 0.00                |                      |
| FOR<br>COMMUNITY/ AREA                | TY-THIRD                          | SUBSCRIBER GRO   | UP<br>0      | FORT<br>COMMUNITY/ AREA  |          |                 |                     |                      |
| COMMUNITY AREA                        |                                   |                  | U            |                          |          |                 |                     |                      |
| CALL SIGN                             | DSE                               | CALL SIGN        | DSE          | CALL SIGN                | DSE      | CALL SIGN       | DSE                 |                      |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
|                                       |                                   |                  |              |                          |          |                 |                     |                      |
|                                       |                                   |                  |              |                          | <u> </u> | <u> </u>        |                     |                      |
| Total DSEs                            |                                   |                  | 0.00         | Total DSEs               |          |                 | 0.00                |                      |
| Gross Receipts Third G                | Group                             | \$               | 0.00         | Gross Receipts Fourth    | Group    | \$              | 0.00                |                      |
| Base Rate Fee Third G                 | Group                             | \$               | 0.00         | Base Rate Fee Fourth     | Group    | \$              | 0.00                |                      |
|                                       |                                   |                  | criber group | as shown in the boxes a  | above.   |                 |                     |                      |
| Enter here and in block               | 3, ine 1,                         | space ∟ (page /) |              |                          |          | φ               |                     |                      |

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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |  | LE SYSTEM:             |             |                         |           | S               | YSTEM ID#<br>006437 | Name              |
|---------------------------------------|--|------------------------|-------------|-------------------------|-----------|-----------------|---------------------|-------------------|
|                                       |  |                        |             | TE FEES FOR EACH        |           |                 |                     |                   |
| FOR<br>COMMUNITY/ AREA                | TY-FIFTH   | SUBSCRIBER GRO         | JP<br>0     | FOF<br>COMMUNITY/ AREA  | RTY-SIXTH | SUBSCRIBER GROU | JP<br>0             | 9                 |
|                                       |  |                        |             | COMMONT I AREA          |           |                 | U                   | Computation       |
| CALL SIGN                             | DSE  | CALL SIGN              | DSE         | CALL SIGN               | DSE       | CALL SIGN       | DSE                 | of                |
|                                       |  |                        |             |                         |           |                 |                     | Base Rate Fee     |
|                                       |  |                        |             |                         |           | +               |                     | and<br>Syndicated |
|                                       |  |                        |             |                         |           |                 |                     | Exclusivity       |
|                                       |  |                        |             |                         |           |                 |                     | Surcharge         |
|                                       |  |                        |             |                         |           |                 |                     | for<br>Partially  |
|                                       |  |                        |             |                         |           |                 |                     | Distant           |
|                                       |  |                        |             |                         |           |                 |                     | Stations          |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           | +               |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
| Total DSEs                            |  |                        | 0.00        | Total DSEs              |           |                 | 0.00                |                   |
| Gross Receipts First G                | roup   | \$                     | 0.00        | Gross Receipts Secon    | d Group   | \$              | 0.00                |                   |
| Base Rate Fee First G                 | Base Rate Fee First Group     \$     0.00       Base Rate Fee Second Group   \$   0.00 |                        |             |                         |           | 0.00            |                     |                   |
|                                       | SEVENTH  | SUBSCRIBER GRO         |             | FORT                    |           |                 |                     |                   |
| COMMUNITY/ AREA                       |  |                        | 0           | COMMUNITY/ AREA         |           |                 | 0                   |                   |
| CALL SIGN                             | DSE  | CALL SIGN              | DSE         | CALL SIGN               | DSE       | CALL SIGN       | DSE                 |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
| Total DSEs                            | 1  |                        | 0.00        | Total DSEs              | 1         |                 | 0.00                |                   |
| Gross Receipts Third G                | Group  | \$                     | 0.00        | Gross Receipts Fourth   | Group     | \$              | 0.00                |                   |
|                                       |  |                        |             |                         |           |                 |                     |                   |
| Base Rate Fee Third G                 | iroup  | \$                     | 0.00        | Base Rate Fee Fourth    | Group     | \$              | 0.00                |                   |
| Daga Data Ease Add H                  | o bees ===   | to food for each autor | ribor grava | as shown in the house   | above     |                 |                     |                   |
| Enter here and in block               |  |                        | nnei atonb  | as shown in the boxes a | abuve.    | \$              |                     |                   |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC.                          |                              | LE SYSTEM:            |                 |                         |          | S               | YSTEM ID#<br>006437 | Name                      |
|--|------------------------------|-----------------------|-----------------|-------------------------|----------|-----------------|---------------------|---------------------------|
|  |                              |                       |                 | TE FEES FOR EACH        |          |                 | 10                  |                           |
| FOR<br>COMMUNITY/ AREA   | FORTY-NINTH SUBSCRIBER GROUP |                       |                 | COMMUNITY/ AREA         | FIFTIETH | SUBSCRIBER GROU | JP<br>0             | 9                         |
| CALL SIGN  | DSE                          | CALL SIGN             | DSE             | CALL SIGN               | DSE      | CALL SIGN       | DSE                 | Computation<br>of         |
|  |                              |                       |                 |                         | 202      |                 |                     | Base Rate Fee             |
|  |                              |                       |                 |                         |          |                 |                     | and                       |
|  | <mark></mark>                |                       |                 |                         |          |                 |                     | Syndicated<br>Exclusivity |
|  | •••                          |                       |                 |                         |          | ++              |                     | Surcharge                 |
|  |                              |                       |                 |                         |          |                 |                     | for                       |
|  |                              |                       |                 |                         |          | •               |                     | Partially<br>Distant      |
|  | ··                           |                       |                 |                         |          |                 |                     | Stations                  |
|  |                              | ]                     |                 |                         |          |                 |                     |                           |
|  | <mark></mark>                |                       |                 |                         |          |                 |                     |                           |
|  | <mark></mark>                |                       |                 |                         |          | +               |                     |                           |
|  |                              |                       |                 |                         |          |                 |                     |                           |
|  |                              |                       |                 |                         |          |                 |                     |                           |
| Total DSEs   |                              |                       | 0.00            | Total DSEs              |          |                 | 0.00                |                           |
| Gross Receipts First G   | froup                        | \$                    | 0.00            | Gross Receipts Secon    | d Group  | \$              | 0.00                |                           |
| Base Rate Fee First Group     \$     0.00     Base Rate Fee Se |                              |                       |                 | Base Rate Fee Secon     | d Group  | \$              | 0.00                |                           |
|  | TY-FIRST                     | SUBSCRIBER GRO        |                 | FIFTY                   |          |                 |                     |                           |
| COMMUNITY/ AREA  |                              | 0                     | COMMUNITY/ AREA |                         |          | 0               |                     |                           |
| CALL SIGN  | DSE                          | CALL SIGN             | DSE             | CALL SIGN               | DSE      | CALL SIGN       | DSE                 |                           |
|  |                              |                       |                 |                         |          |                 |                     |                           |
|  |                              | <u> </u>              |                 |                         |          |                 |                     |                           |
|  |                              |                       |                 |                         |          |                 |                     |                           |
|  |                              |                       |                 |                         |          |                 |                     |                           |
|  | <mark></mark>                |                       |                 |                         |          | •               |                     |                           |
|  |                              |                       |                 |                         |          |                 |                     |                           |
|  | <mark></mark>                |                       |                 |                         |          |                 |                     |                           |
|  | <mark></mark>                |                       |                 |                         |          | +               |                     |                           |
|  |                              |                       |                 |                         |          |                 |                     |                           |
|  |                              |                       |                 |                         |          |                 |                     |                           |
|  | <mark></mark>                |                       |                 |                         |          | +               |                     |                           |
| Total DSEs   |                              |                       | 0.00            | Total DSEs              | 1        |                 | 0.00                |                           |
| Gross Receipts Third (   | Group                        | \$                    | 0.00            | Gross Receipts Fourth   | Group    | \$              | 0.00                |                           |
| Base Rate Fee Third (  | Group                        | \$                    | 0.00            | Base Rate Fee Fourth    | Group    | \$              | 0.00                |                           |
| Base Rate Fee: Add th  | ne base rat                  | te fees for each subs | criber aroun    | as shown in the boxes a | above    |                 |                     |                           |
| Enter here and in block  |                              |                       |                 |                         |          | \$              |                     |                           |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC.   |                | LE SYSTEM:            |                |                         |                               | S         | YSTEM ID#<br>006437 | Name                 |
|---|----------------|-----------------------|----------------|-------------------------|-------------------------------|-----------|---------------------|----------------------|
|   |                |                       |                | TE FEES FOR EACH        |                               |           |                     |                      |
| FIF<br>COMMUNITY/ AREA  | TY-THIRD       | SUBSCRIBER GRO        | UP<br>0        | FIFT<br>COMMUNITY/ AREA | FIFTY-FOURTH SUBSCRIBER GROUP |           |                     | 9                    |
|   |                |                       |                |                         |                               |           |                     | Computation          |
| CALL SIGN   | DSE            | CALL SIGN             | DSE            | CALL SIGN               | DSE                           | CALL SIGN | DSE                 | of                   |
|   |                |                       |                |                         |                               |           |                     | Base Rate Fee<br>and |
|   |                |                       | <mark></mark>  |                         |                               | •         |                     | Syndicated           |
|   |                | -                     |                |                         |                               |           |                     | Exclusivity          |
|   |                |                       |                |                         |                               |           |                     | Surcharge            |
|   |                |                       | <mark></mark>  |                         |                               |           |                     | for<br>Partially     |
|   |                |                       |                |                         |                               |           |                     | Distant              |
|   | <mark>.</mark> |                       |                |                         |                               |           |                     | Stations             |
|   |                |                       | <mark></mark>  |                         |                               |           |                     |                      |
|   |                |                       |                |                         |                               |           |                     |                      |
|   |                |                       |                |                         |                               |           |                     |                      |
|   |                |                       |                |                         |                               |           |                     |                      |
|   |                |                       | 0.00           |                         | <u> </u>                      | 11        | 0.00                |                      |
| Total DSEs  |                | -                     |                | Total DSEs              | 1.0                           |           |                     |                      |
| Gross Receipts First G  | roup           | \$                    | 0.00           | Gross Receipts Secon    | d Group                       | \$        | 0.00                |                      |
| Base Rate Fee First Group     \$     0.00     Base Rate Fee Second Group     \$ |                |                       |                |                         | 0.00                          |           |                     |                      |
|   | TY-FIFTH       | SUBSCRIBER GRO        |                | FI                      |                               |           |                     |                      |
| COMMUNITY/ AREA   |                |                       | 0              | COMMUNITY/ AREA         |                               |           | 0                   |                      |
| CALL SIGN   | DSE            | CALL SIGN             | DSE            | CALL SIGN               | DSE                           | CALL SIGN | DSE                 |                      |
|   |                |                       |                |                         |                               |           |                     |                      |
|   |                |                       | •              |                         |                               |           |                     |                      |
|   |                |                       |                |                         |                               |           |                     |                      |
|   |                |                       |                |                         |                               |           |                     |                      |
|   |                |                       |                |                         |                               |           |                     |                      |
|   |                | ]                     |                |                         |                               |           |                     |                      |
|   |                |                       | <mark></mark>  |                         |                               |           |                     |                      |
|   |                | -                     | <mark>.</mark> |                         |                               |           |                     |                      |
|   |                |                       |                |                         |                               |           |                     |                      |
|   |                |                       | <mark></mark>  |                         |                               |           |                     |                      |
|   |                |                       | <mark></mark>  |                         |                               |           |                     |                      |
| Total DSEs  |                |                       | 0.00           | Total DSEs              | •                             |           | 0.00                |                      |
| Gross Receipts Third C  | Group          | \$                    | 0.00           | Gross Receipts Fourth   | Group                         | \$        | 0.00                |                      |
|   |                |                       |                |                         |                               |           |                     |                      |
| Base Rate Fee Third G   | Group          | \$                    | 0.00           | Base Rate Fee Fourth    | Group                         | \$        | 0.00                |                      |
| Base Rate Fee: Add th   |                | te fees for each subs | criber group   | as shown in the boxes a | above                         |           |                     |                      |
| Enter here and in block   |                |                       | silosi group   | as shown in the DUXES ( |                               | \$        |                     |                      |

| FORM SA3E. PA | GE | 19. |
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|   | SUBSCRIBER GROU |             |                         |          |                 |               |                      |
|---|-----------------|-------------|-------------------------|----------|-----------------|---------------|----------------------|
| COMMUNITY/ AREA   |                 |             |                         | Y-FIGHTH |                 |               |                      |
|   |                 | 0           |                         |          | SUBSCRIBER GROU |               | 9                    |
|   |                 |             | COMMUNITY/ AREA         |          |                 | 0             | •                    |
|   | ONLE DIGIT      | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE           | Computation<br>of    |
|   |                 | DSL         |                         | DGL      | CALL SIGN       | DOL           | Base Rate Fee        |
|   |                 |             |                         |          |                 |               | and                  |
|   |                 |             |                         |          |                 |               | Syndicated           |
|   |                 |             |                         |          |                 |               | Exclusivity          |
|   |                 |             |                         |          |                 |               | Surcharge            |
|   |                 |             |                         |          |                 |               | for                  |
|   |                 |             |                         |          |                 |               | Partially<br>Distant |
|   |                 |             |                         |          |                 |               | Stations             |
|   |                 |             |                         |          |                 |               | olutions             |
|   |                 |             |                         |          |                 |               |                      |
|   |                 |             |                         |          |                 |               |                      |
|   |                 |             |                         |          |                 |               |                      |
|   |                 |             |                         |          |                 |               |                      |
|   |                 |             |                         |          |                 |               |                      |
| Total DSEs  |                 | 0.00        | Total DSEs              |          |                 | 0.00          |                      |
| Gross Receipts First Group  | \$              | 0.00        | Gross Receipts Secon    | d Group  | \$              | 0.00          |                      |
|   |                 |             |                         |          |                 |               |                      |
| Base Rate Fee First Group   | \$              | 0.00        | Base Rate Fee Secon     |          | \$              | 0.00          |                      |
|   | SUBSCRIBER GROU |             | COMMUNITY/ AREA         | SIXTIETH | SUBSCRIBER GROU |               |                      |
| COMMUNITY/ AREA   | MMUNITY/ AREA 0 |             |                         |          |                 | 0             |                      |
| CALL SIGN DSE   | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE           |                      |
|   |                 |             |                         |          | <br>            |               |                      |
|   |                 |             |                         |          |                 |               |                      |
|   |                 |             |                         |          |                 |               |                      |
|   |                 |             |                         |          |                 |               |                      |
|   |                 |             |                         | ·        |                 |               |                      |
|   | _               |             |                         |          |                 |               |                      |
|   |                 |             |                         |          |                 |               |                      |
|   |                 |             |                         |          |                 |               |                      |
|   |                 |             |                         |          |                 | <mark></mark> |                      |
|   |                 |             |                         |          |                 |               |                      |
|   |                 |             |                         |          |                 | <b></b>       |                      |
|   |                 |             |                         |          |                 |               |                      |
|   |                 |             |                         |          |                 |               |                      |
| Total DSEs  |                 | 0.00        | Total DSEs              |          |                 | 0.00          |                      |
| Gross Receipts Third Group  | \$              | 0.00        | Gross Receipts Fourth   | Group    | \$              | 0.00          |                      |
| Base Rate Fee Third Group   | \$              | 0.00        | Base Rate Fee Fourth    | Group    | \$              | 0.00          |                      |
| Base Rate Fee: Add the base rat<br>Enter here and in block 3, line 1, s |                 | riber group | as shown in the boxes a | above.   | \$              |               |                      |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |              | LE SYSTEM:       |             |                         |         | SY               | STEM ID#<br>006437 | Name                 |
|---------------------------------------|--------------|------------------|-------------|-------------------------|---------|------------------|--------------------|----------------------|
|                                       |              |                  |             | TE FEES FOR EACH        |         |                  |                    |                      |
|                                       | TY-FIRST     | SUBSCRIBER GROU  |             |                         | -SECOND | SUBSCRIBER GROUI |                    | 9                    |
| COMMUNITY/ AREA                       |              |                  | 0           | COMMUNITY/ AREA         | 0       | -                |                    |                      |
| CALL SIGN                             | DSE          | CALL SIGN        | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE                | Computation<br>of    |
| CALL SIGN                             | DSE          | CALL SIGN        | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE                | Base Rate Fee        |
|                                       |              |                  |             |                         |         |                  |                    | and                  |
|                                       |              |                  |             |                         |         |                  |                    | Syndicated           |
|                                       |              |                  |             |                         |         |                  |                    | Exclusivity          |
|                                       |              |                  |             |                         |         |                  |                    | Surcharge            |
|                                       |              |                  |             |                         |         |                  |                    | for                  |
|                                       |              |                  |             |                         |         |                  |                    | Partially<br>Distant |
|                                       |              |                  |             |                         |         |                  |                    | Stations             |
|                                       |              | -                |             |                         |         |                  |                    |                      |
|                                       |              | ]                | [           | ]                       |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  | <mark>.</mark>     |                      |
|                                       |              |                  |             |                         |         |                  | <mark>.</mark>     |                      |
|                                       | <u> </u>     |                  |             |                         |         | <u> </u>         |                    |                      |
| Total DSEs                            |              |                  | 0.00        | Total DSEs              |         |                  | 0.00               |                      |
| Gross Receipts First G                | roup         | \$               | 0.00        | Gross Receipts Secon    | d Group | \$               | 0.00               |                      |
| Base Rate Fee First G                 | roup         | \$               | 0.00        | Base Rate Fee Secon     | d Group | \$               | 0.00               |                      |
| SIX                                   | TY-THIRD     | SUBSCRIBER GROU  | JP          | SIXTY                   | -FOURTH | SUBSCRIBER GROUI | >                  |                      |
| COMMUNITY/ AREA                       |              |                  | 0           | COMMUNITY/ AREA         |         | 0                |                    |                      |
| CALL SIGN                             | DSE          | CALL SIGN        | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE                |                      |
|                                       |              |                  |             |                         |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  | <mark>.</mark>     |                      |
|                                       | ·            |                  |             |                         |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  |                    |                      |
|                                       |              |                  |             |                         |         |                  |                    |                      |
| Total DSEs                            |              |                  | 0.00        | Total DSEs              |         |                  | 0.00               |                      |
| Gross Receipts Third G                | Group        | \$               | 0.00        | Gross Receipts Fourth   | Group   | \$               | 0.00               |                      |
| Base Rate Fee Third G                 | Group        | \$               | 0.00        | Base Rate Fee Fourth    | Group   | \$               | 0.00               |                      |
|                                       |              |                  | riber group | as shown in the boxes a | above.  |                  |                    |                      |
| Enter here and in block               | 3, line 1, s | space L (page 7) |             |                         |         | \$               |                    |                      |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |          | LE SYSTEM:            |              |                         |           | S                 | YSTEM ID#<br>006437 | Name                 |
|---------------------------------------|----------|-----------------------|--------------|-------------------------|-----------|-------------------|---------------------|----------------------|
|                                       |          |                       |              | TE FEES FOR EACH        |           |                   |                     |                      |
| SIX<br>COMMUNITY/ AREA                | TY-FIFTH | SUBSCRIBER GRO        | UP<br>0      | SIX<br>COMMUNITY/ AREA  | (TY-SIXTH | I SUBSCRIBER GROU | JP<br>0             | 9                    |
|                                       |          |                       |              |                         |           |                   |                     |                      |
| CALL SIGN                             | DSE      | CALL SIGN             | DSE          | CALL SIGN               | DSE       | CALL SIGN         | DSE                 | of                   |
|                                       |          |                       |              |                         |           |                   |                     | Base Rate Fee<br>and |
|                                       |          |                       |              |                         |           |                   |                     | Syndicated           |
|                                       |          | -                     |              |                         |           |                   |                     | Exclusivity          |
|                                       |          |                       |              |                         |           |                   |                     | Surcharge            |
|                                       |          |                       |              |                         |           |                   |                     | for<br>Partially     |
|                                       |          |                       |              |                         |           |                   |                     | Distant              |
|                                       |          |                       |              |                         |           |                   |                     | Stations             |
|                                       |          |                       |              |                         |           |                   |                     |                      |
|                                       |          |                       |              |                         |           |                   |                     |                      |
|                                       |          |                       |              |                         |           |                   |                     |                      |
|                                       |          |                       |              |                         |           |                   |                     |                      |
|                                       |          |                       | 0.00         |                         | ļ         | ļļ                | 0.00                |                      |
| Total DSEs                            |          |                       |              | Total DSEs              | 1.0       |                   |                     |                      |
| Gross Receipts First G                | roup     | \$                    | 0.00         | Gross Receipts Secon    | d Group   | \$                | 0.00                |                      |
| Base Rate Fee First G                 | roup     | \$                    | 0.00         | Base Rate Fee Secon     | d Group   | \$                | 0.00                |                      |
|                                       | SEVENTH  | SUBSCRIBER GRO        |              |                         | Y-EIGHTH  | I SUBSCRIBER GROU | -                   |                      |
| COMMUNITY/ AREA                       |          |                       | 0            | COMMUNITY/ AREA         |           |                   | 0                   |                      |
| CALL SIGN                             | DSE      | CALL SIGN             | DSE          | CALL SIGN               | DSE       | CALL SIGN         | DSE                 |                      |
|                                       |          |                       |              |                         |           |                   |                     |                      |
|                                       |          | <u> </u>              |              |                         |           |                   |                     |                      |
|                                       |          |                       |              |                         |           |                   |                     |                      |
|                                       |          |                       |              |                         |           |                   |                     |                      |
|                                       |          |                       |              |                         |           |                   |                     |                      |
|                                       |          | ]                     |              |                         |           |                   |                     |                      |
|                                       |          |                       |              |                         |           |                   |                     |                      |
|                                       |          |                       |              |                         |           |                   |                     |                      |
|                                       |          |                       |              |                         |           |                   |                     |                      |
|                                       |          |                       |              |                         |           |                   |                     |                      |
|                                       |          |                       |              |                         |           |                   |                     |                      |
| Total DSEs                            |          |                       | 0.00         | Total DSEs              |           |                   | 0.00                |                      |
| Gross Receipts Third G                | Group    | \$                    | 0.00         | Gross Receipts Fourth   | Group     | \$                | 0.00                |                      |
|                                       |          |                       |              |                         | •         |                   |                     |                      |
| Base Rate Fee Third G                 | Group    | \$                    | 0.00         | Base Rate Fee Fourth    | Group     | \$                | 0.00                |                      |
| Base Rate Fee: Add th                 | hase rat | te fees for each subs | criber aroun | as shown in the boxes a | above     |                   |                     |                      |
| Enter here and in block               |          |                       |              |                         |           | \$                |                     |                      |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CAB   | LE SYSTEM:            |              |                         |          | S               | YSTEM ID#<br>006437 | Name                 |
|---------------------------------------|------------|-----------------------|--------------|-------------------------|----------|-----------------|---------------------|----------------------|
|                                       |            |                       |              | TE FEES FOR EACH        |          |                 |                     |                      |
| SIXT<br>COMMUNITY/ AREA               | Y-NINTH    | SUBSCRIBER GRO        | JP<br>0      | SE<br>COMMUNITY/ AREA   | VENTIETH | SUBSCRIBER GROL | JP<br>0             | 9                    |
|                                       |            |                       | <b>v</b>     |                         |          |                 |                     |                      |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE          | CALL SIGN               | DSE      | CALL SIGN       | DSE                 | of                   |
|                                       |            |                       |              |                         |          |                 |                     | Base Rate Fee<br>and |
|                                       |            |                       |              |                         |          |                 |                     | Syndicated           |
|                                       |            |                       |              |                         |          |                 |                     | Exclusivity          |
|                                       |            |                       |              |                         |          |                 |                     | Surcharge            |
|                                       |            |                       |              |                         |          |                 |                     | for<br>Partially     |
|                                       |            | -                     |              |                         |          |                 |                     | Distant              |
|                                       |            |                       |              |                         |          |                 |                     | Stations             |
|                                       |            |                       |              |                         |          |                 |                     |                      |
|                                       |            |                       |              |                         |          |                 |                     |                      |
|                                       |            |                       |              |                         |          |                 |                     |                      |
|                                       |            |                       |              |                         |          |                 |                     |                      |
| Total DSEs                            | 4          |                       | 0.00         | Total DSEs              | 4        |                 | 0.00                |                      |
| Gross Receipts First Gr               | roup       | \$                    | 0.00         | Gross Receipts Secon    | d Group  | \$              | 0.00                |                      |
| Base Rate Fee First Gr                |            | \$                    | 0.00         | Base Rate Fee Secon     |          | \$              | 0.00                |                      |
|                                       | TY-FIRST   | SUBSCRIBER GRO        |              |                         | -SECOND  | SUBSCRIBER GROU | JP<br>•             |                      |
| COMMUNITY/ AREA                       |            |                       | 0            | COMMUNITY/ AREA         |          |                 | U                   |                      |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE          | CALL SIGN               | DSE      | CALL SIGN       | DSE                 |                      |
|                                       |            |                       |              |                         |          |                 |                     |                      |
|                                       |            |                       |              |                         |          |                 |                     |                      |
|                                       |            |                       |              |                         |          | +               |                     |                      |
|                                       |            |                       |              |                         |          |                 |                     |                      |
|                                       |            |                       |              |                         |          |                 |                     |                      |
|                                       |            |                       |              |                         |          |                 |                     |                      |
|                                       |            | ]                     |              |                         |          |                 |                     |                      |
|                                       |            |                       |              |                         |          |                 |                     |                      |
|                                       |            |                       |              |                         |          |                 |                     |                      |
|                                       |            |                       |              |                         |          |                 |                     |                      |
|                                       |            |                       |              |                         |          |                 |                     |                      |
|                                       |            |                       | 0.00         |                         |          | 11              | 0.00                |                      |
| Total DSEs                            |            |                       | 0.00         | Total DSEs              |          |                 | 0.00                |                      |
| Gross Receipts Third G                | roup       | \$                    | 0.00         | Gross Receipts Fourth   | Group    | <u>\$</u>       | 0.00                |                      |
| Base Rate Fee Third G                 | iroup      | \$                    | 0.00         | Base Rate Fee Fourth    | Group    | \$              | 0.00                |                      |
| Base Rate Fee: Add th                 | e base rat | te fees for each subs | criber aroun | as shown in the boxes : | above    |                 |                     |                      |
| Enter here and in block               |            |                       | 3.2.16       |                         |          | \$              |                     |                      |

| FORM SA3E. PAGE 19 |
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| LEGAL NAME OF OWNE      |            | LE SYSTEM:            |              |                       |                | S               | YSTEM ID#<br>006437 | Name                 |
|-------------------------|------------|-----------------------|--------------|-----------------------|----------------|-----------------|---------------------|----------------------|
|                         |            |                       |              | TE FEES FOR EACH      |                |                 |                     |                      |
| SEVEN                   | TY-THIRD   | SUBSCRIBER GRC        | 0<br>0       | COMMUNITY/ AREA       | Y-FOURTH       | SUBSCRIBER GROU | UP<br>0             | 9                    |
|                         |            |                       |              |                       |                |                 |                     | Computation          |
| CALL SIGN               | DSE        | CALL SIGN             | DSE          | CALL SIGN             | DSE            | CALL SIGN       | DSE                 | of                   |
|                         |            |                       |              |                       | ·              |                 |                     | Base Rate Fee<br>and |
|                         |            |                       |              |                       |                |                 |                     | Syndicated           |
|                         |            |                       |              |                       |                |                 |                     | Exclusivity          |
|                         |            |                       |              |                       |                |                 |                     | Surcharge<br>for     |
|                         |            |                       |              |                       |                |                 |                     | Partially            |
|                         |            |                       |              |                       |                |                 |                     | Distant              |
|                         |            |                       |              |                       |                |                 |                     | Stations             |
|                         |            |                       |              |                       |                |                 |                     |                      |
|                         |            | -                     |              |                       |                |                 |                     |                      |
|                         |            |                       |              |                       |                |                 |                     |                      |
|                         |            | •                     |              |                       |                |                 |                     |                      |
| Total DSEs              |            |                       | 0.00         | Total DSEs            |                |                 | 0.00                |                      |
| Gross Receipts First G  | Group      | \$                    | 0.00         | Gross Receipts Secor  | d Group        | \$              | 0.00                |                      |
| Base Rate Fee First G   | Group      | \$                    | 0.00         | Base Rate Fee Secon   | d Group        | \$              | 0.00                |                      |
|                         | NTY-FIFTH  | SUBSCRIBER GRO        |              |                       | NTY-SIXTH      | SUBSCRIBER GROU | _                   |                      |
| COMMUNITY/ AREA         |            |                       | 0            | COMMUNITY/ AREA       |                |                 | 0                   |                      |
| CALL SIGN               | DSE        | CALL SIGN             | DSE          | CALL SIGN             | DSE            | CALL SIGN       | DSE                 |                      |
|                         |            |                       |              |                       | <mark>.</mark> |                 |                     |                      |
|                         |            |                       |              |                       |                |                 |                     |                      |
|                         |            |                       |              |                       |                |                 |                     |                      |
|                         |            |                       |              |                       |                |                 |                     |                      |
|                         |            |                       |              |                       |                |                 |                     |                      |
|                         |            | -                     |              |                       |                |                 |                     |                      |
|                         |            |                       | •••          |                       | <mark>.</mark> |                 |                     |                      |
|                         |            |                       |              |                       |                |                 |                     |                      |
|                         |            | -                     |              |                       |                |                 |                     |                      |
|                         |            |                       | •••          |                       |                |                 |                     |                      |
|                         |            |                       |              |                       |                |                 |                     |                      |
| Total DSEs              |            |                       | 0.00         | Total DSEs            |                |                 | 0.00                |                      |
| Gross Receipts Third (  | Group      | \$                    | 0.00         | Gross Receipts Fourth | Group          | \$              | 0.00                |                      |
| Base Rate Fee Third (   | Group      | \$                    | 0.00         | Base Rate Fee Fourth  | Group          | \$              | 0.00                |                      |
| Base Rate Fee: Add th   | he base ra | te fees for each subs | criber aroup | as shown in the boxes | above.         |                 |                     |                      |
| Enter here and in block |            |                       | U P          |                       |                | \$              |                     |                      |

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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |          | LE SYSTEM:     |              |                           |          | S                 | YSTEM ID#<br>006437 | Name              |
|---------------------------------------|----------|----------------|--------------|---------------------------|----------|-------------------|---------------------|-------------------|
|                                       |          |                |              | TE FEES FOR EACH          |          |                   |                     |                   |
|                                       | SEVENTH  | SUBSCRIBER GRO | UP<br>0      | SEVENT<br>COMMUNITY/ AREA | Y-EIGHTH | I SUBSCRIBER GROU | JP<br>0             | 9                 |
| COMMUNITY/ AREA                       |          |                | U            | COMMUNITY AREA            |          |                   |                     |                   |
| CALL SIGN                             | DSE      | CALL SIGN      | DSE          | CALL SIGN                 | DSE      | CALL SIGN         | DSE                 | Computation<br>of |
|                                       |          |                |              |                           |          |                   |                     | Base Rate Fee     |
|                                       |          |                |              |                           |          | +                 |                     | and<br>Syndicated |
|                                       |          | -              |              |                           |          |                   |                     | Exclusivity       |
|                                       |          |                |              |                           |          |                   |                     | Surcharge         |
|                                       |          |                |              |                           |          |                   |                     | for<br>Partially  |
|                                       |          |                |              |                           |          |                   |                     | Distant           |
|                                       |          |                |              |                           |          |                   |                     | Stations          |
|                                       |          |                |              |                           |          |                   |                     |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
| Total DSEs                            |          |                | 0.00         | Total DSEs                |          |                   | 0.00                |                   |
| Gross Receipts First G                | roup     | <u>\$</u>      | 0.00         | Gross Receipts Secon      | d Group  | \$                | 0.00                |                   |
| Base Rate Fee First G                 | roup     | \$             | 0.00         | Base Rate Fee Secon       | d Group  | \$                | 0.00                |                   |
|                                       | TY-NINTH | SUBSCRIBER GRO |              |                           | IGHTIETH | I SUBSCRIBER GROU |                     |                   |
| COMMUNITY/ AREA                       |          |                | 0            | COMMUNITY/ AREA           |          |                   | 0                   |                   |
| CALL SIGN                             | DSE      | CALL SIGN      | DSE          | CALL SIGN                 | DSE      | CALL SIGN         | DSE                 |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
|                                       |          |                |              |                           |          | •                 |                     |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
|                                       |          |                |              |                           |          | +                 |                     |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
|                                       |          |                |              |                           |          | ++                |                     |                   |
| Total DSEs                            | 1        |                | 0.00         | Total DSEs                |          |                   | 0.00                |                   |
| Gross Receipts Third G                | Group    | \$             | 0.00         | Gross Receipts Fourth     | Group    | \$                | 0.00                |                   |
|                                       |          |                |              |                           |          |                   |                     |                   |
| Base Rate Fee Third G                 | Group    | \$             | 0.00         | Base Rate Fee Fourth      | Group    | \$                | 0.00                |                   |
| Doos Data Farri Additi                |          |                | aribor areas | as about in the term      |          |                   |                     |                   |
| Enter here and in block               |          |                | under group  | as shown in the boxes a   | above.   | \$                |                     |                   |

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| CALL SIGN         DSE         and   | CABLE ONE, INC        |                            |                              |               |                       |               |                  | 6YSTEM ID#<br>006437 | Name        |
|---|-----------------------|----------------------------|------------------------------|---------------|-----------------------|---------------|------------------|----------------------|-------------|
| COMMUNITY AREA       0       COMMUNITY AREA       0       Computation of an additional stress of the st                                     |                       |                            |                              |               |                       |               |                  |                      |             |
| CALL SIGN       DSE       Syndicated         Comparision       Call SIGN  |                       |                            | SUBSCRIBER GRO               |               |                       |               | D SUBSCRIBER GRO |                      | 9           |
| Image: Second Group       Image: Second Group<  |                       |                            |                              |               |                       | `             |                  |                      | Computation |
| and         Syndamic discrete strain of the                           | CALL SIGN             | DSE                        | CALL SIGN                    | DSE           | CALL SIGN             | DSE           | CALL SIGN        | DSE                  | -           |
| Syndicated         Syndicated         Sectors inty         Succase         For  |                       | ····                       |                              |               |                       |               |                  |                      |             |
| Image: Second Group       Image: Second Group<  |                       | •••                        | •                            |               |                       |               | •                |                      |             |
| Surcharge<br>for<br>partially<br>Distant<br>Stations       Surcharge<br>for<br>partially<br>Distant<br>Stations         Total DSEs       0.00         Gross Receipts First Group       1         Cold DSEs       0.00         Gross Receipts First Group       1         Cold DSEs       0.00         Base Rate Fee First Group       1         Cold DSEs       0.00         EiGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         Cold LSIGN       DSE         CALL SIGN       DSE         Gross Receipts Fourth Group       0.00         Gross Receipts Fourth Group       0.00  |                       |                            | • •                          |               |                       |               | •                |                      | Exclusivity |
| Partially       Partially         Independent of the second se                                    |                       |                            |                              |               |                       |               |                  |                      | Surcharge   |
| Distant         Stations  |                       |                            |                              |               |                       |               |                  |                      |             |
| Stations  |                       | ····                       |                              |               |                       |               | •                | ••••                 | -           |
| Stross Receipts First Group       s       0.00       Gross Receipts Second Group       s       0.00         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       S       0.00       Total DSEs       0.00       Gross Receipts Fourth Group       S       0.00         Base Rate Fee Third Group       S       0.00       Base Rate Fee Fourth Group       S       0.00   |                       |                            | •                            |               |                       |               | •                |                      |             |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>  |                       |                            |                              |               |                       |               |                  |                      |             |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>  |                       |                            |                              |               |                       |               |                  |                      |             |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       0.00       S       0.00       Gross Receipts Fourth Group   |                       | •••• <mark>•</mark> •••••• |                              |               |                       |               | •                |                      |             |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       0.00       S       0.00       Gross Receipts Fourth Group   |                       | •••                        |                              |               |                       |               |                  |                      |             |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         Column ITY/ AREA       0       Column ITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       \$       0.00       Total DSEs       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00  |                       |                            |                              |               |                       |               |                  |                      |             |
| Base Rate Fee First Group       \$       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call DSE       Community       Gross Receipts Fourth Group       \$       O.00       Gross Receipts Fourth Group       \$       O.00         Base Rate Fee Third Group       \$       O.00       Base Rate Fee Fourth Group </td <td>Total DSEs</td> <td></td> <td></td> <td>0.00</td> <td>Total DSEs</td> <td></td> <td></td> <td>0.00</td> <td></td>   | Total DSEs            |                            |                              | 0.00          | Total DSEs            |               |                  | 0.00                 |             |
| EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       S       0.00       Gross Receipts Fourth Group       S       0.00         Base Rate Fee Third Group       S       0.00       Base Rate Fee Fourth Group       S       0.00  | Gross Receipts First  | Group                      | \$                           | 0.00          | Gross Receipts Seco   | ond Group     | \$               | 0.00                 |             |
| COMMUNITY/AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         COMMUNITY/AREA       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Community       Call SIGN       Call SIGN       DSE       Call SIGN       Call SIGN       Call SIGN       Call SIGN         Community       Call SIGN         Fotal DSEs       0.00       S       O.00       S       O.00       S   | Base Rate Fee First ( | Group                      | \$                           | 0.00          | Base Rate Fee Seco    | ond Group     | \$               | 0.00                 |             |
| CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       Call SIGN       Call SIGN       Call SIGN       Call SIGN         Call DSEs       0.00       Total DSEs       0.00       Sorss Receipts Fourth Group       S       0.00         Gross Receipts Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00   |                       |                            | SUBSCRIBER GRO               |               |                       |               | I SUBSCRIBER GRO |                      |             |
| Image: Second | COMMUNITY/ AREA       |                            |                              | 0             | COMMUNITY/ AREA       | A             |                  | 0                    |             |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  | CALL SIGN             | DSE                        | CALL SIGN                    | DSE           | CALL SIGN             | DSE           | CALL SIGN        | DSE                  |             |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                       | •••                        | •                            |               |                       |               | ••               |                      |             |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                       |                            |                              |               |                       |               |                  |                      |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00   |                       |                            |                              |               |                       |               | ••               |                      |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00   |                       | ····                       |                              |               |                       | ····          |                  |                      |             |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                       | •••                        | •                            |               |                       |               | •                |                      |             |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                       |                            | ]                            |               |                       |               |                  |                      |             |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                       | <mark></mark>              | •                            |               |                       | <mark></mark> | •                |                      |             |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                       | ••••                       | •                            | •••           |                       |               |                  |                      |             |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                       |                            |                              |               |                       |               |                  |                      |             |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                       |                            |                              |               |                       |               |                  |                      |             |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                       |                            |                              |               |                       |               |                  |                      |             |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  | Total DSEs            |                            |                              | 0.00          | Total DSEs            |               |                  | 0.00                 |             |
|   | Gross Receipts Third  | Group                      | \$                           | 0.00          | Gross Receipts Four   | th Group      | \$               | 0.00                 |             |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  | Base Rate Fee Third   | Group                      | \$                           | 0.00          | Base Rate Fee Four    | th Group      | \$               | 0.00                 |             |
|   | Base Rate Fee: Add    | the base ra                | <b>te fees</b> for each sub: | scriber aroun | as shown in the boxes | s above.      |                  |                      |             |

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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CABI  | LE SYSTEM:            |              |                                    |           | S               | YSTEM ID#<br>006437 | Name              |
|---------------------------------------|------------|-----------------------|--------------|------------------------------------|-----------|-----------------|---------------------|-------------------|
|                                       |            |                       |              | TE FEES FOR EACH                   |           |                 |                     |                   |
| EIGH<br>COMMUNITY/ AREA               | TY-FIFTH   | SUBSCRIBER GRO        | JP 0         | EIGH<br>COMMUNITY/ AREA            | ITY-SIXTH | SUBSCRIBER GROU | JP<br>0             | 9                 |
| COMMONITY AREA                        |            |                       |              | COMMONT T/ AREA                    |           |                 | v                   | Computation       |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE          | CALL SIGN                          | DSE       | CALL SIGN       | DSE                 | of                |
|                                       |            |                       |              |                                    |           |                 |                     | Base Rate Fee     |
|                                       |            |                       |              |                                    |           |                 |                     | and<br>Syndicated |
|                                       |            |                       |              |                                    |           |                 |                     | Exclusivity       |
|                                       |            |                       |              |                                    |           |                 |                     | Surcharge         |
|                                       |            |                       |              |                                    |           |                 |                     | for<br>Partially  |
|                                       |            |                       |              |                                    |           | •               |                     | Distant           |
|                                       |            | -                     |              |                                    |           |                 |                     | Stations          |
|                                       |            |                       |              |                                    |           | -               |                     |                   |
|                                       |            |                       |              |                                    |           |                 |                     |                   |
|                                       |            |                       |              |                                    |           | •               |                     |                   |
|                                       |            |                       |              |                                    |           |                 |                     |                   |
|                                       |            |                       | 0.00         |                                    |           |                 |                     |                   |
| Total DSEs<br>Gross Receipts First G  | מווסי      | \$                    | 0.00         | Total DSEs<br>Gross Receipts Secon | d Group   | \$              | 0.00                |                   |
|                                       | oup        | ·                     |              |                                    | u ereap   | ·               |                     |                   |
| Base Rate Fee First Gr                | oup        | \$                    | 0.00         | Base Rate Fee Secon                | d Group   | \$              | 0.00                |                   |
|                                       | SEVENTH    | SUBSCRIBER GRO        |              |                                    | Y-EIGHTH  | SUBSCRIBER GROU | JP<br>-             |                   |
| COMMUNITY/ AREA                       |            |                       | 0            | COMMUNITY/ AREA                    |           |                 | 0                   |                   |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE          | CALL SIGN                          | DSE       | CALL SIGN       | DSE                 |                   |
|                                       |            |                       |              |                                    |           |                 |                     |                   |
|                                       |            |                       |              |                                    |           |                 |                     |                   |
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|                                       |            |                       |              |                                    |           |                 |                     |                   |
|                                       |            |                       |              |                                    |           |                 |                     |                   |
|                                       |            |                       |              |                                    |           | Π               |                     |                   |
| Total DSEs                            |            |                       | 0.00         | Total DSEs                         |           |                 | 0.00                |                   |
| Gross Receipts Third G                | iroup      | \$                    | 0.00         | Gross Receipts Fourth              | Group     | \$              | 0.00                |                   |
| Base Rate Fee Third G                 | roup       | \$                    | 0.00         | Base Rate Fee Fourth               | Group     | \$              | 0.00                |                   |
| Base Rate Fee: Add th                 | e base rat | te fees for each subs | criber group | as shown in the boxes a            | above.    |                 |                     |                   |
| Enter here and in block               |            |                       |              |                                    |           | \$              |                     |                   |

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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |             | LE SYSTEM:       |              |                         |          | S               | YSTEM ID#<br>006437 | Name                 |
|---------------------------------------|-------------|------------------|--------------|-------------------------|----------|-----------------|---------------------|----------------------|
|                                       |             |                  |              | TE FEES FOR EACH        |          |                 |                     |                      |
| EIGH <sup>-</sup><br>COMMUNITY/ AREA  | I Y-NINTH   | SUBSCRIBER GRO   | UP<br>0      | COMMUNITY/ AREA         | NINTIETH | SUBSCRIBER GROU | JP<br>0             | 9                    |
|                                       |             |                  |              |                         |          |                 | •                   | Computation          |
| CALL SIGN                             | DSE         | CALL SIGN        | DSE          | CALL SIGN               | DSE      | CALL SIGN       | DSE                 | of                   |
|                                       |             |                  |              |                         |          |                 |                     | Base Rate Fee<br>and |
|                                       |             |                  |              |                         |          |                 |                     | Syndicated           |
|                                       |             |                  |              |                         |          |                 |                     | Exclusivity          |
|                                       |             |                  |              |                         |          |                 |                     | Surcharge<br>for     |
|                                       |             |                  |              |                         |          |                 |                     | Partially            |
|                                       |             |                  |              |                         |          |                 |                     | Distant              |
|                                       |             |                  |              |                         |          |                 |                     | Stations             |
|                                       |             |                  |              |                         |          |                 |                     |                      |
|                                       |             |                  |              |                         |          |                 |                     |                      |
|                                       |             |                  |              |                         |          | •               |                     |                      |
|                                       |             |                  |              |                         |          |                 |                     |                      |
| Total DSEs                            |             |                  | 0.00         | Total DSEs              |          |                 | 0.00                |                      |
| Gross Receipts First G                | roup        | \$               | 0.00         | Gross Receipts Secon    | d Group  | \$              | 0.00                |                      |
| Base Rate Fee First G                 |             | \$               | 0.00         | Base Rate Fee Secon     |          | \$              | 0.00                |                      |
|                                       | TY-FIRST    | SUBSCRIBER GRO   |              |                         | -SECOND  | SUBSCRIBER GROU | JP<br>o             |                      |
| COMMUNITY/ AREA                       |             |                  | 0            | COMMUNITY/ AREA         |          |                 | U                   |                      |
| CALL SIGN                             | DSE         | CALL SIGN        | DSE          | CALL SIGN               | DSE      | CALL SIGN       | DSE                 |                      |
|                                       |             |                  |              |                         |          |                 |                     |                      |
|                                       |             |                  |              |                         |          |                 |                     |                      |
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|                                       |             |                  |              |                         |          |                 |                     |                      |
|                                       |             | -                |              |                         |          |                 |                     |                      |
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|                                       |             |                  |              |                         |          |                 |                     |                      |
|                                       |             |                  |              |                         |          |                 |                     |                      |
| Total DSEs                            |             |                  | 0.00         | Total DSEs              |          |                 | 0.00                |                      |
| Gross Receipts Third G                | Group       | \$               | 0.00         | Gross Receipts Fourth   | Group    | \$              | 0.00                |                      |
| Base Rate Fee Third G                 | Group       | \$               | 0.00         | Base Rate Fee Fourth    | Group    | \$              | 0.00                |                      |
|                                       |             |                  | criber group | as shown in the boxes a | above.   |                 |                     |                      |
| Enter here and in block               | 3, ine 1, : | space ∟ (page /) |              |                         |          | φ               |                     |                      |

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| Image: Constraint of the second se  | LEGAL NAME OF OWN    |             | LE SYSTEM:                  |               |                      |           | 8                | 6YSTEM ID#<br>006437 | Name         |
|--|----------------------|-------------|-----------------------------|---------------|----------------------|-----------|------------------|----------------------|--------------|
| COMMUNITY/AREA       0       COMMUNITY/AREA       0       Computition of the optimization of the op  |                      |             |                             |               |                      |           |                  |                      |              |
| CALL SIGN       DSE  |                      |             | SUBSCRIBER GRO              |               |                      |           | I SUBSCRIBER GRO |                      | 9            |
| CALL SIGN     DSE     CALL SIGN     DSE     CALL SIGN     DSE       Image: Control of the second sec   |                      |             |                             | 0             |                      | •         |                  | v                    | -            |
| and<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>Syndicated<br>S | CALL SIGN            | DSE         | CALL SIGN                   | DSE           | CALL SIGN            | DSE       | CALL SIGN        | DSE                  |              |
| Syndicated         Supervisional sectors in the sector  |                      |             |                             |               |                      |           |                  |                      | Base Rate Fe |
| Image: Second Score Partially Distant Stations         Total DSEs       0.00         Gross Receipts First Group       \$         Stronage: Second Group       \$         NINETY-FIFTH SUBSCRIBER GROUP       Image: Second Group       \$         NINETY-FIFTH SUBSCRIBER GROUP       Image: Second Group       \$       0.00         NINETY-FIFTH SUBSCRIBER GROUP       Image: Second Group       \$       0.00         NINETY-FIFTH SUBSCRIBER GROUP       Image: Second Group       \$       0.00         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       0.00       Image: Second Group       \$       0.00         NINETY-FIFTH SUBSCRIBER GROUP       Image: Second Group       \$       0.00         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       0.00       Image: Second Group       \$       0.00         Gross Receipts Find Group       1       Image: Second Group       1       0.00       Image: Second Group       0.00         Group Home Home Home Home Home Home Home Home   |                      |             |                             |               |                      |           |                  |                      |              |
| Surcharge       Surcharge         Image: Surcharge       Surcharge         Image: Surcharge       Surcharge         Image: Surcharge       Surcharge         Image: Surcharge       Image: Surcharge   |                      |             |                             |               |                      |           |                  | ••••                 |              |
| Partially       Partially         Image: Stations       Image: Stations         Fotal DSEs       0.00         Gross Receipts First Group       \$         Image: Stations       0.00         Base Rate Fee First Group       \$         Image: Stations       0.00         Image: Stations       0.00         Image: Stations       0.00         Base Rate Fee First Group       \$         Image: Stations       0.00         Image: Stations       <  |                      |             |                             |               |                      |           |                  |                      | Surcharge    |
| Distant Stations         Column Distant Stations         For Distant Stations         Sase Rate Fee First Group       1         Sase Rate Fee First Group       1         Out Distant Stations       0.00         NINETY-FIFTH SUBSCRIBER GROUP       0.00         NINETY-FIFTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         Column Distant Stations       Distant Stations       Distant Stations         Column Distant Station       DSE       CALL SIGN       DSE         Column Distant Station       Distant Station       Distant Stations         Column Distant Station       Distant Station       Distant Station   |                      |             |                             |               |                      |           |                  |                      |              |
| Stations   |                      |             |                             |               |                      |           |                  |                      | -            |
| Stross Receipts First Group       s       0.00       Gross Receipts Second Group       s       0.00         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         NINETY-FIFTH SUBSCRIBER GROUP       NINETY-SIXTH SUBSCRIBER GROUP       NINETY-SIXTH SUBSCRIBER GROUP       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$<  |                      | ••••        |                             |               |                      |           |                  |                      |              |
| Gross Receipts First Group       s       0.00         Base Rate Fee First Group       s       0.00         NINETY-FIFTH SUBSCRIBER GROUP       NINETY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE         COMUNITY/ AREA       O         COMUNITY       COMUNITY         COMUNITY       COMUNITY  |                      |             |                             |               |                      |           |                  |                      |              |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         NINETY-FIFTH SUBSCRIBER GROUP       NINETY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE         COMUNITY/ AREA       O         COMUNITY       COMUNITY         COMUNITY       COMUNITY  |                      |             |                             |               |                      |           |                  |                      |              |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         NINETY-FIFTH SUBSCRIBER GROUP       NINETY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE         COMUNITY/ AREA       O         COMUNITY       COMUNITY         COMUNITY       COMUNITY  |                      |             |                             |               |                      |           |                  |                      |              |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         NINETY-FIFTH SUBSCRIBER GROUP       NINETY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE         COMUNITY/ AREA       O         COMUNITY       COMUNITY         COMUNITY       COMUNITY  |                      |             |                             |               |                      | •••••     | ++               |                      |              |
| Gross Receipts First Group       s       0.00         Base Rate Fee First Group       s       0.00         NINETY-FIFTH SUBSCRIBER GROUP       NINETY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE         COMUNITY/ AREA       O         COMUNITY       COMUNITY         COMUNITY       COMUNITY  |                      |             |                             |               |                      |           |                  |                      |              |
| Base Rate Fee First Group       \$       0.00         NINETY-FIFTH SUBSCRIBER GROUP       NINETY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Community       Amount       Amount       Amount       Amount       Amount         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Community       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN         Total DSEs </td <td>Total DSEs</td> <td></td> <td></td> <td></td> <td>Total DSEs</td> <td></td> <td></td> <td>0.00</td> <td></td>   | Total DSEs           |             |                             |               | Total DSEs           |           |                  | 0.00                 |              |
| NINETY-FIFTH SUBSCRIBER GROUP       NINETY-SIXTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         GALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         GALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         GALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gall SIGN         Total DSEs       0.00       Gross Receipts Fourth Group       S       0.00       Gase Rate Fee Fourth Group       S       0.00         Base Rate Fee Third Gr  | Gross Receipts First | Group       | \$                          | 0.00          | Gross Receipts Seco  | ond Group | \$               | 0.00                 |              |
| COMMUNITY/AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       Call SIGN       DSE       Call SIGN       Call SIGN       Call SIGN         Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN         Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN         Call SIGN       Call SIGN       Call SIGN       Call SIGN   |                      |             |                             |               | Base Rate Fee Seco   | ond Group | \$               | 0.00                 |              |
| CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       Call SIGN       Call SIGN       DSE       Call SIGN       Call SIGN         Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN         Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN         Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN         Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN         Call SIGN       Call SIGN       Call SIGN       Call SIGN <td></td> <td></td> <td>SUBSCRIBER GRO</td> <td></td> <td></td> <td></td> <td>I SUBSCRIBER GRO</td> <td></td> <td></td>  |                      |             | SUBSCRIBER GRO              |               |                      |           | I SUBSCRIBER GRO |                      |              |
| Image: Second  | COMMUNITY/ AREA      | ·           |                             | 0             | COMMUNITY/ ARE       | A         |                  | 0                    |              |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00  | CALL SIGN            | DSE         | CALL SIGN                   | DSE           | CALL SIGN            | DSE       | CALL SIGN        | DSE                  |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                      | •••••       | •                           |               |                      |           | •                | •••••                |              |
| Gross Receipts Third Group       \$       0.00         Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                      |             |                             |               |                      |           |                  |                      |              |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00  |                      |             |                             |               |                      |           |                  |                      |              |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00  |                      |             |                             |               |                      |           |                  | •••••                |              |
| Gross Receipts Third Group       \$       0.00         Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                      |             |                             |               |                      |           |                  |                      |              |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00  |                      |             |                             |               |                      |           |                  |                      |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                      |             |                             |               |                      |           |                  |                      |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                      |             |                             |               |                      | •••••     |                  |                      |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                      |             |                             |               |                      |           |                  |                      |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                      |             |                             |               |                      |           |                  |                      |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                      |             |                             |               |                      |           |                  |                      |              |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00   | Total DSEs           |             |                             | 0.00          | Total DSEs           |           |                  | 0.00                 |              |
|  | Gross Receipts Third | Group       | \$                          | 0.00          | Gross Receipts Four  | rth Group | \$               | 0.00                 |              |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   | Base Rate Fee Third  | Group       | \$                          | 0.00          | Base Rate Fee Four   | th Group  | \$               | 0.00                 |              |
|  | Base Rate Fee: Add   | the base ra | <b>te fees</b> for each sub | scriber group | as shown in the boxe | s above.  |                  |                      |              |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CABI    | LE SYSTEM:       |              |                         |          | S               | STEM ID#<br>006437 | Name                 |
|---------------------------------------|--------------|------------------|--------------|-------------------------|----------|-----------------|--------------------|----------------------|
|                                       |              |                  |              | TE FEES FOR EACH        |          |                 |                    |                      |
| NINETY-S                              | SEVENTH      | SUBSCRIBER GRO   | JP<br>0      | NINET                   | Y-EIGHTH | SUBSCRIBER GROU | IP<br>0            | 9                    |
|                                       |              |                  |              |                         |          |                 |                    | Computation          |
| CALL SIGN                             | DSE          | CALL SIGN        | DSE          | CALL SIGN               | DSE      | CALL SIGN       | DSE                | of                   |
|                                       |              |                  |              |                         |          |                 |                    | Base Rate Fee<br>and |
|                                       |              | -                |              |                         |          |                 |                    | Syndicated           |
|                                       |              |                  |              |                         |          |                 |                    | Exclusivity          |
|                                       |              |                  |              |                         |          |                 |                    | Surcharge<br>for     |
|                                       |              |                  |              |                         |          |                 |                    | Partially            |
|                                       |              |                  |              |                         |          |                 |                    | Distant              |
|                                       |              |                  |              |                         |          |                 |                    | Stations             |
|                                       |              | -                |              |                         |          |                 |                    |                      |
|                                       |              |                  |              |                         |          |                 |                    |                      |
|                                       |              |                  |              |                         |          |                 |                    |                      |
|                                       |              |                  |              |                         |          |                 |                    |                      |
| Total DSEs                            |              |                  | 0.00         | Total DSEs              |          |                 | 0.00               |                      |
| Gross Receipts First G                | roup         | \$               | 0.00         | Gross Receipts Secon    | d Group  | \$              | 0.00               |                      |
| Base Rate Fee First Gr                |              | \$               | 0.00         | Base Rate Fee Secon     |          | \$              | 0.00               |                      |
|                                       | Y-NINTH      | SUBSCRIBER GRO   |              |                         | NDREDTH  | SUBSCRIBER GROU | IP o               |                      |
| COMMUNITY/ AREA                       |              |                  | 0            | COMMUNITY/ AREA         |          |                 |                    |                      |
| CALL SIGN                             | DSE          | CALL SIGN        | DSE          | CALL SIGN               | DSE      | CALL SIGN       | DSE                |                      |
|                                       |              |                  |              |                         |          |                 |                    |                      |
|                                       |              |                  |              |                         |          |                 |                    |                      |
|                                       |              | -                |              |                         |          |                 |                    |                      |
|                                       |              |                  |              |                         |          |                 |                    |                      |
|                                       |              |                  |              |                         |          |                 |                    |                      |
|                                       |              | -                |              |                         |          |                 |                    |                      |
|                                       |              |                  |              |                         |          |                 |                    |                      |
|                                       |              |                  |              |                         |          |                 |                    |                      |
|                                       |              |                  |              |                         |          |                 |                    |                      |
|                                       |              |                  |              |                         |          |                 |                    |                      |
|                                       |              |                  |              | ·····                   |          |                 |                    |                      |
| Total DSEs                            |              |                  | 0.00         | Total DSEs              |          |                 | 0.00               |                      |
| Gross Receipts Third G                | iroup        | \$               | 0.00         | Gross Receipts Fourth   | Group    | \$              | 0.00               |                      |
| Base Rate Fee Third G                 | roup         | \$               | 0.00         | Base Rate Fee Fourth    | Group    | \$              | 0.00               |                      |
|                                       |              |                  | criber group | as shown in the boxes a | above.   |                 |                    |                      |
| Enter here and in block               | 3, line 1, s | space L (page 7) |              |                         |          | \$              |                    |                      |

| BASE RATE FEES FOR EACH SUBSCRIBER GROUP   |   |               |           |                  | BLE ONE, IN                          |
|--|---|---------------|-----------|------------------|--------------------------------------|
|  |   |               |           | NE HUNDRED FIRS  | ONE HUN                              |
| 0. COMMUNITY/ AREA   | COMMUNITY/ AREA   | 0             |           | TY/ AREA         | MMUNITY/ ARE                         |
| DSE CALL SIGN DSE CALL SIGN  | CALL SIGN   | DSE           | CALL SIGN | N DSE            | ALL SIGN                             |
|  |   |               |           |                  |                                      |
|  |   |               |           |                  |                                      |
|  |   |               |           |                  |                                      |
|  |   |               |           |                  |                                      |
|  |   |               |           |                  |                                      |
|  |   |               |           |                  |                                      |
|  |   |               |           |                  |                                      |
|  |   |               |           |                  |                                      |
|  |   |               |           |                  |                                      |
|  |   | <mark></mark> |           |                  |                                      |
|  |   | <mark></mark> |           |                  |                                      |
|  |   |               |           |                  |                                      |
|  |   |               |           |                  |                                      |
| 0.00 Total DSEs  | Total DSEs  | 0.00          |           | ł                | al DSEs                              |
| 0.00 Gross Receipts Second Group \$  | Gross Receipts Secon  | 0.00          | \$        | ipts First Group | ss Receipts Firs                     |
|  |   |               |           |                  |                                      |
| 0.00 Base Rate Fee Second Group \$   | Base Rate Fee Second  | 0.00          | \$        | Fee First Group  | e Rate Fee Firs                      |
|  |   |               |           | Fee First Group  |                                      |
|  |   | OUP           |           | E HUNDRED THIR   |                                      |
| ONE HUNDRED FOURTH SUBSCRIBER GI   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE                             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     ONE COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     ONE COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     ONE COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     ONE COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     ONE COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     ONE COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     ONE COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     ONE COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     ONE COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     ONE COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     COMMUNITY/ AREA   | ONE HUNDREE<br>COMMUNITY/ AREA  | DUP<br>0      |           | E HUNDRED THIRI  | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI     COMMUNITY/ AREA   | ONE HUNDREE         COMMUNITY/ AREA         CALL SIGN         CALL SIGN         Image: Stress of the stre   |               |           | IE HUNDRED THIRI | ONE HUNE<br>MMUNITY/ ARE             |
| ONE HUNDRED FOURTH SUBSCRIBER GI         0       COMMUNITY/ AREA         DSE       CALL SIGN         DSE       CALL SIGN         ONE       ONE HUNDRED FOURTH SUBSCRIBER GI         ONE       CALL SIGN         DSE       CALL SIGN         ONE       ONE         ONE       CALL SIGN         ONE       ONE         ONE       ONE         ONE       CALL SIGN         ONE       ONE         ONE  | <ul> <li>ONE HUNDREE</li> <li>COMMUNITY/ AREA</li> <li>CALL SIGN</li> <li>CALL SIGN</li> <li>A</li> /ul> |               |           | IE HUNDRED THIRI | ONE HUNE<br>MMUNITY/ ARE<br>ALL SIGN |
| ONE HUNDRED FOURTH SUBSCRIBER GI         0       COMMUNITY/ AREA         DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN         Image: Comparison of the second stress of the second | ONE HUNDREE         COMMUNITY/ AREA         CALL SIGN         CALL SIGN         ONE HUNDREE         Total DSEs         Gross Receipts Fourth  | 0.00<br>0.00  |           | IE HUNDRED THIRI | ONE HUNE<br>MMUNITY/ ARE<br>ALL SIGN |

FORM SA3E. PAGE 19.

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.  | R OF CABL | E SYSTEM:       |            |                                     |        | SY             | STEM ID#<br>006437 | Name                 |  |  |
|---|-----------|-----------------|------------|-------------------------------------|--------|----------------|--------------------|----------------------|--|--|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  |           |                 |            |                                     |        |                |                    |                      |  |  |
|   | ED FIFTH  | SUBSCRIBER GROU |            |                                     |        | 9              |                    |                      |  |  |
| COMMUNITY/ AREA 0   |           |                 |            | COMMUNITY/ AREA 0                   |        |                |                    | Computation          |  |  |
| CALL SIGN   | DSE       | CALL SIGN       | DSE        | CALL SIGN                           | DSE    | CALL SIGN      | DSE                | of<br>Dece Data Free |  |  |
|   |           |                 |            |                                     |        |                |                    | Base Rate Fee<br>and |  |  |
|   | •••••     |                 |            |                                     |        | -              |                    | Syndicated           |  |  |
|   |           | -               |            |                                     |        |                |                    | Exclusivity          |  |  |
|   |           |                 |            |                                     |        |                |                    | Surcharge            |  |  |
|   |           |                 |            |                                     |        |                |                    | for<br>Partially     |  |  |
|   |           |                 |            |                                     |        | _              |                    | Distant              |  |  |
|   |           |                 |            |                                     |        |                |                    | Stations             |  |  |
|   |           |                 |            |                                     |        | _              |                    |                      |  |  |
|   |           |                 |            |                                     |        | -              |                    |                      |  |  |
|   |           |                 |            |                                     |        |                |                    |                      |  |  |
|   |           |                 |            |                                     |        |                |                    |                      |  |  |
| Total DSEs  | <u> </u>  |                 | 0.00       | Total DSEs                          |        |                | 0.00               |                      |  |  |
|   |           | ¢               | 0.00       | Gross Receipts Second Group \$ 0.00 |        |                |                    |                      |  |  |
| Gross Receipts First Gr   | oup       | <u>\$</u>       | 0.00       |                                     |        |                |                    |                      |  |  |
| Base Rate Fee First Group \$ 0.00   |           |                 |            | Base Rate Fee Second                |        | \$             | 0.00               |                      |  |  |
|   | EVENTH    | SUBSCRIBER GROU |            | ONE HUNDRED EIGHTH SUBSCRIBER GROUP |        |                |                    |                      |  |  |
| COMMUNITY/ AREA   |           |                 | 0          | COMMUNITY/ AREA                     |        |                |                    |                      |  |  |
| CALL SIGN   | DSE       | CALL SIGN       | DSE        | CALL SIGN                           | DSE    | CALL SIGN      | DSE                |                      |  |  |
|   |           |                 |            |                                     |        |                |                    |                      |  |  |
|   |           |                 |            |                                     |        | <br>           |                    |                      |  |  |
|   |           |                 |            |                                     |        | -              |                    |                      |  |  |
|   |           |                 |            |                                     |        |                |                    |                      |  |  |
|   |           |                 |            |                                     |        |                |                    |                      |  |  |
|   |           |                 |            |                                     |        |                |                    |                      |  |  |
|   |           |                 |            |                                     |        |                |                    |                      |  |  |
|   |           |                 |            |                                     |        |                |                    |                      |  |  |
|   |           |                 |            |                                     |        |                | <b></b>            |                      |  |  |
|   |           |                 |            |                                     |        |                |                    |                      |  |  |
|   |           |                 |            |                                     |        |                |                    |                      |  |  |
|   |           |                 | 0.00       |                                     |        |                | 0.00               |                      |  |  |
|   |           | 0.00            | Total DSEs |                                     | 0.00   |                |                    |                      |  |  |
| Gross Receipts Third Group \$   |           | \$ 0.00         |            | Gross Receipts Fourth Group         |        | <u>\$ 0.00</u> |                    |                      |  |  |
| Base Rate Fee Third Group   |           | \$ 0.00         |            | Base Rate Fee Fourth Group \$       |        | \$             | 0.00               |                      |  |  |
|   | _         |                 |            |                                     |        | h              |                    |                      |  |  |
| Base Rate Fee: Add the base rate fees for each subscriber grou<br>Enter here and in block 3, line 1, space L (page 7) |           |                 |            | as shown in the boxes a             | above. | \$             |                    |                      |  |  |

FORM SA3E. PAGE 19.

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.  | R OF CABL   | E SYSTEM:       |             |  |            | SY        | STEM ID#<br>006437 | Name                 |  |  |
|---|-------------|-----------------|-------------|--|------------|-----------|--------------------|----------------------|--|--|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  |             |                 |             |  |            |           |                    |                      |  |  |
|   | D NINTH     | SUBSCRIBER GROU |             |  |            | 9         |                    |                      |  |  |
| COMMUNITY/ AREA 0   |             |                 |             | COMMUNITY/ AREA 0                                      |            |           |                    | Computation          |  |  |
| CALL SIGN   | DSE         | CALL SIGN       | DSE         | CALL SIGN  | DSE        | CALL SIGN | DSE                | of<br>Dece Data Free |  |  |
|   |             |                 |             |  |            |           |                    | Base Rate Fee<br>and |  |  |
|   |             |                 |             |  |            |           |                    | Syndicated           |  |  |
|   |             |                 |             |  |            |           |                    | Exclusivity          |  |  |
|   |             |                 |             |  |            |           |                    | Surcharge            |  |  |
|   |             |                 |             |  |            |           |                    | for<br>Partially     |  |  |
|   |             |                 |             |  |            |           |                    | Distant              |  |  |
|   |             |                 |             |  |            | _         |                    | Stations             |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
|   |             |                 |             |  |            | _         |                    |                      |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
| Total DSEs  | II          | <u> </u>        | 0.00        | Total DSEs   | Į          |           | 0.00               |                      |  |  |
|   |             |                 | 0.00        | Gross Receipts Second Group \$ 0.00                    |            |           |                    |                      |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
| Base Rate Fee First Group \$ 0.00   |             |                 |             | Base Rate Fee Second                                   |            | \$        | 0.00               |                      |  |  |
| ONE HUNDRED ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0   |             |                 |             | ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 |            |           |                    |                      |  |  |
|   |             |                 | · · · · · · |  |            |           |                    |                      |  |  |
| CALL SIGN   | DSE         | CALL SIGN       | DSE         | CALL SIGN  | DSE        | CALL SIGN | DSE                |                      |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
|   |             |                 |             |  |            | -         |                    |                      |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
|   |             |                 |             |  |            | -         |                    |                      |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
|   |             |                 |             |  |            |           |                    |                      |  |  |
| Total DSEs  | <u> </u>    |                 | 0.00        | Total DSEs   | 1          |           | 0.00               |                      |  |  |
| Gross Receipts Third Group \$   |             | \$              | 0.00        | Gross Receipts Fourth Group                            |            | \$ 0.00   |                    |                      |  |  |
|   | 14          | ·               |             |  | <b>m</b> p | ·         |                    |                      |  |  |
| Base Rate Fee Third Group   |             | \$ 0.00         |             | Base Rate Fee Fourth Group \$                          |            | \$        | 0.00               |                      |  |  |
| Boos Bots Face Add th   | . <b>ha</b> |                 | ibor        |  | hove       |           |                    |                      |  |  |
| Base Rate Fee: Add the base rate fees for each subscriber grou<br>Enter here and in block 3, line 1, space L (page 7) |             |                 |             | as shown in the doxes a                                | wove.      | \$        |                    |                      |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006437  |          |                        |            |                       |          |                  |      |                           |  |
|---|----------|------------------------|------------|-----------------------|----------|------------------|------|---------------------------|--|
|   |          |                        |            | TE FEES FOR EACH      |          |                  |      |                           |  |
|   | TEENTH   | SUBSCRIBER GROU        |            |                       | IRTEENTH | SUBSCRIBER GROUP |      | 9                         |  |
| COMMUNITY/ AREA   |          |                        | 0          | COMMUNITY/ AREA       |          |                  | 0    | Computation               |  |
| CALL SIGN   | DSE      | CALL SIGN              | DSE        | CALL SIGN             | DSE      | CALL SIGN        | DSE  | of                        |  |
|   |          |                        |            |                       |          |                  |      | Base Rate Fee             |  |
|   |          |                        |            |                       |          |                  |      | and<br>Sundianted         |  |
|   |          |                        |            |                       |          |                  |      | Syndicated<br>Exclusivity |  |
|   |          |                        |            |                       |          |                  |      | Surcharge                 |  |
|   |          | _                      |            |                       |          |                  |      | for                       |  |
|   |          |                        |            |                       |          |                  |      | Partially                 |  |
|   |          |                        |            |                       |          |                  |      | Distant<br>Stations       |  |
|   |          |                        |            |                       |          |                  |      | otatione                  |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
| Total DSEs  | ļļ       |                        | 0.00       | Total DSEs            | <u> </u> | -                | 0.00 |                           |  |
|   |          |                        |            |                       |          | \$               |      |                           |  |
| Gross Receipts First Gr   | oup      | \$                     | 0.00       | Gross Receipts Secon  | 0.00     |                  |      |                           |  |
| Base Rate Fee First Group \$ 0.00   |          |                        |            | Base Rate Fee Secon   |          | \$               | 0.00 |                           |  |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP  |          |                        |            | 11                    | IXTEENTH | SUBSCRIBER GROUP |      |                           |  |
| COMMUNITY/ AREA   |          |                        | 0          | COMMUNITY/ AREA       |          |                  | 0    |                           |  |
| CALL SIGN   | DSE      | CALL SIGN              | DSE        | CALL SIGN             | DSE      | CALL SIGN        | DSE  |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          | _                      |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
|   |          |                        |            |                       |          |                  |      |                           |  |
| Total DSEs  |          |                        | 0.00       | Total DSEs            |          |                  | 0.00 |                           |  |
| Gross Receipts Third G  | roup     | \$                     | 0.00       | Gross Receipts Fourth | Group    | \$               | 0.00 |                           |  |
|   |          | ·                      |            |                       |          | · ·              |      |                           |  |
| Base Rate Fee Third G   | roup     | \$                     | 0.00       | Base Rate Fee Fourth  | Group    | \$               | 0.00 |                           |  |
| Base Rate Fee: Add the  | hase ret | e fees for each subsci | iber group | as shown in the boxes | above    |                  |      |                           |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |          |                        |            |                       |          |                  |      |                           |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 0006437 |        |                 |             |                         |   |                  |      |                           |  |  |
|---|--------|-----------------|-------------|-------------------------|---|------------------|------|---------------------------|--|--|
|   |        |                 |             | TE FEES FOR EACH        |   |                  |      |                           |  |  |
| DNE HUNDRED SEVEN                                       | TEENTH | SUBSCRIBER GROU |             |                         | HTEENTH   | SUBSCRIBER GROUP |      | 9                         |  |  |
| COMMUNITY/ AREA   |        |                 | 0           | COMMUNITY/ AREA         |   |                  | 0    | Computation               |  |  |
| CALL SIGN   | DSE    | CALL SIGN       | DSE         | CALL SIGN               | DSE   | CALL SIGN        | DSE  | of                        |  |  |
|   |        |                 |             |                         |   |                  |      | Base Rate Fee             |  |  |
|   |        |                 |             |                         |   |                  |      | and<br>Sundianted         |  |  |
|   |        |                 |             |                         |   |                  |      | Syndicated<br>Exclusivity |  |  |
|   |        |                 |             |                         |   |                  |      | Surcharge                 |  |  |
|   |        |                 |             |                         |   |                  |      | for                       |  |  |
|   |        |                 |             |                         |   |                  |      | Partially<br>Distant      |  |  |
|   |        |                 |             |                         |   |                  |      | Stations                  |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
| Total DSEs  |        | -               | 0.00        | Total DSEs              |   |                  | 0.00 |                           |  |  |
| Gross Receipts First Gr                                 | oup    | \$              | 0.00        | Gross Receipts Secon    | Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 |                  |      |                           |  |  |
|   | oup    | ·               |             |                         |   |                  |      |                           |  |  |
| Base Rate Fee First Group \$ 0.00                       |        |                 |             | Base Rate Fee Secon     | d Group   | \$               | 0.00 |                           |  |  |
| ONE HUNDRED NINTEENTH SUBSCRIBER GROUP                  |        |                 |             | ONE HUNDRED TV          | VENTIETH  | SUBSCRIBER GROUP | >    |                           |  |  |
| COMMUNITY/ AREA   |        |                 | 0           | COMMUNITY/ AREA         |   |                  | 0    |                           |  |  |
| CALL SIGN   | DSE    | CALL SIGN       | DSE         | CALL SIGN               | DSE   | CALL SIGN        | DSE  |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   | -                |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
| Total DSEs  |        |                 | 0.00        | Total DSEs              |   |                  | 0.00 |                           |  |  |
| Gross Receipts Third G                                  | roup   | \$              | 0.00        | Gross Receipts Fourth   | Group   | \$               | 0.00 |                           |  |  |
|   |        |                 |             |                         |   |                  |      |                           |  |  |
| Base Rate Fee Third G                                   | roup   | \$              | 0.00        | Base Rate Fee Fourth    | Group   | \$               | 0.00 |                           |  |  |
| Base Rate Fee: Add the                                  |        |                 | riber group | as shown in the boxes a | above.  |                  |      |                           |  |  |
| Enter here and in block 3, line 1, space L (page 7)     |        |                 |             |                         |   |                  |      |                           |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006437  |          |                             |              |                         |          |                  |      |                      |  |
|---|----------|-----------------------------|--------------|-------------------------|----------|------------------|------|----------------------|--|
|   |          |                             |              | TE FEES FOR EACH        |          |                  |      |                      |  |
|   | TY-FIRST | SUBSCRIBER GROU             | IP<br>0      |                         | Y-SECOND | SUBSCRIBER GROUP | 0    | 9                    |  |
| COMMUNITY/ AREA   |          |                             | U            | COMMUNITY/ AREA         |          |                  |      | Computation          |  |
| CALL SIGN   | DSE      | CALL SIGN                   | DSE          | CALL SIGN               | DSE      | CALL SIGN        | DSE  | of                   |  |
|   |          |                             |              |                         |          |                  |      | Base Rate Fee        |  |
|   |          |                             |              |                         |          |                  |      | and<br>Syndicated    |  |
|   |          |                             |              |                         |          |                  |      | Exclusivity          |  |
|   |          |                             |              |                         |          |                  |      | Surcharge            |  |
|   |          |                             |              |                         |          |                  |      | for                  |  |
|   |          |                             |              |                         |          |                  |      | Partially<br>Distant |  |
|   | •••••    |                             |              |                         |          | -                |      | Stations             |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
| Total DSEs  |          |                             | 0.00         | Total DSEs              |          |                  | 0.00 |                      |  |
| Gross Receipts First Gr   | oup      | \$                          | 0.00         | Gross Receipts Second   |          |                  |      |                      |  |
|   |          |                             | 0.00         | Base Rate Fee Second    | d Group  | \$               | 0.00 |                      |  |
| ONE HUNDRED TWEN  | TY-THIRD | SUBSCRIBER GROUP            |              | ONE HUNDRED TWENT       | Y-FOURTH | SUBSCRIBER GROUP |      |                      |  |
| COMMUNITY/ AREA   |          |                             | 0            | COMMUNITY/ AREA         |          |                  | 0    |                      |  |
| CALL SIGN   | DSE      | CALL SIGN                   | DSE          | CALL SIGN               | DSE      | CALL SIGN        | DSE  |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          | _                |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
|   |          |                             |              |                         |          |                  |      |                      |  |
| Total DSEs  | <u> </u> |                             | 0.00         | Total DSEs              | 1        |                  | 0.00 |                      |  |
|   |          |                             |              |                         | Crown    |                  |      |                      |  |
| Gross Receipts Third Group \$ 0.00  |          |                             |              | Gross Receipts Fourth   | Group    | <u>\$</u>        | 0.00 |                      |  |
| Base Rate Fee Third Group \$ 0.00 B   |          |                             |              | Base Rate Fee Fourth    | Group    | \$               | 0.00 |                      |  |
| Page Date Fact Add the  | . heee   | <b>in face</b> for each out | ribor cross- | oo ohown in the hower - | hovo     |                  |      |                      |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |          |                             |              |                         |          |                  |      |                      |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.              | R OF CABL  | E SYSTEM:             |             |                         |  | SY               | STEM ID#<br>006437 | Name                      |  |  |
|---|------------|-----------------------|-------------|-------------------------|--|------------------|--------------------|---------------------------|--|--|
|   |            |                       | BASE RA     | TE FEES FOR EACH        |  |                  |                    |                           |  |  |
| ONE HUNDRED TWEN                                    | TY-FIFTH   | SUBSCRIBER GROUP      |             |                         | NTY-SIXTH                                  | SUBSCRIBER GROUP | •                  | 9                         |  |  |
| COMMUNITY/ AREA                                     |            |                       | 0           | COMMUNITY/ AREA         |  |                  | 0                  | Computation               |  |  |
| CALL SIGN   | DSE        | CALL SIGN             | DSE         | CALL SIGN               | DSE  | CALL SIGN        | DSE                | of                        |  |  |
|   |            |                       |             |                         |  |                  |                    | Base Rate Fee             |  |  |
|   |            |                       |             |                         |  |                  |                    | and                       |  |  |
|   |            |                       |             |                         |  |                  |                    | Syndicated<br>Exclusivity |  |  |
|   |            |                       |             |                         |  |                  |                    | Surcharge                 |  |  |
|   |            |                       |             |                         |  |                  |                    | for                       |  |  |
|   |            |                       |             |                         |  |                  |                    | Partially                 |  |  |
|   |            |                       |             |                         |  |                  |                    | Distant<br>Stations       |  |  |
|   |            |                       |             |                         |  |                  |                    | Stations                  |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
| Total DSEs  | ļļ         |                       | 0.00        |                         | Į  |                  | 0.00               |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
| Gross Receipts First Gr                             | oup        | <u>\$</u>             | 0.00        |                         |  |                  |                    |                           |  |  |
|   |            |                       | 0.00        |                         | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP |                  |                    |                           |  |  |
| NE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP          |            |                       |             |                         | TY-EIGHTH                                  | SUBSCRIBER GROUP | •                  |                           |  |  |
| COMMUNITY/ AREA                                     |            |                       | 0           | COMMUNITY/ AREA         |  |                  |                    |                           |  |  |
| CALL SIGN   | DSE        | CALL SIGN             | DSE         | CALL SIGN               | DSE  | CALL SIGN        | DSE                |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
|   |            |                       |             |                         |  |                  |                    |                           |  |  |
| Total DSEs  |            |                       | 0.00        | Total DSEs              |  |                  | 0.00               |                           |  |  |
| Gross Receipts Third G                              | roup       | \$                    | 0.00        | Gross Receipts Fourth   | Group                                      | \$               | 0.00               |                           |  |  |
|   |            |                       |             |                         | 0  |                  |                    |                           |  |  |
| Base Rate Fee Third G                               | roup       | \$                    | 0.00        | Base Rate Fee Fourth    | Group                                      | \$               | 0.00               |                           |  |  |
| Base Rate Fee: Add the                              | e base rat | e fees for each subsc | riber group | as shown in the boxes a | above.                                     |                  |                    |                           |  |  |
| Enter here and in block 3, line 1, space L (page 7) |            |                       |             |                         |  |                  |                    |                           |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006437 |          |                  |             |                         |           |                  |      |                           |
|---|----------|------------------|-------------|-------------------------|-----------|------------------|------|---------------------------|
| BL  | OCK A: C | COMPUTATION OF   | BASE RA     | TE FEES FOR EACH        | SUBSCR    | BER GROUP        |      |                           |
|   | TY-NINTH | SUBSCRIBER GROUP | -           |                         | THIRTIETH | SUBSCRIBER GROUP |      | 9                         |
| COMMUNITY/ AREA   |          |                  | 0           | COMMUNITY/ AREA         |           |                  | 0    | Computation               |
| CALL SIGN   | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  | of                        |
|   |          |                  |             |                         |           |                  |      | Base Rate Fee             |
|   |          |                  |             |                         |           |                  |      | and<br>Sumdia stad        |
|   |          |                  |             |                         |           |                  |      | Syndicated<br>Exclusivity |
|   |          |                  |             |                         |           |                  |      | Surcharge                 |
|   |          |                  |             |                         |           |                  |      | for                       |
|   |          |                  |             |                         |           |                  |      | Partially                 |
|   |          |                  |             |                         |           |                  |      | Distant<br>Stations       |
|   |          |                  |             |                         |           |                  |      | Stations                  |
|   |          |                  |             |                         |           | _                |      |                           |
|   |          |                  |             |                         |           |                  |      |                           |
|   |          |                  |             |                         |           |                  |      |                           |
|   |          |                  |             |                         |           |                  |      |                           |
| Total DSEs  | LI       |                  | 0.00        | Total DSEs              | <u> </u>  | -                | 0.00 |                           |
|   |          |                  |             |                         |           |                  |      |                           |
| Gross Receipts First Gr   | oup      | <u>\$</u>        | 0.00        | Gross Receipts Secon    | 0.00      |                  |      |                           |
| Base Rate Fee First Group \$ 0.00                                   |          |                  |             | Base Rate Fee Secon     | d Group   | \$               | 0.00 |                           |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP                           |          |                  |             | ONE HUNDRED THIRT       | Y-SECOND  | SUBSCRIBER GROUP |      |                           |
| COMMUNITY/ AREA   |          |                  | 0           | COMMUNITY/ AREA         |           |                  | 0    |                           |
| CALL SIGN   | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  |                           |
|   |          |                  |             |                         |           |                  |      |                           |
|   |          |                  |             |                         |           |                  |      |                           |
|   |          |                  |             |                         |           |                  |      |                           |
|   |          | _                |             |                         |           |                  |      |                           |
|   |          |                  |             |                         |           |                  |      |                           |
|   |          |                  |             |                         |           |                  |      |                           |
|   |          |                  |             |                         |           |                  |      |                           |
|   |          |                  |             |                         |           |                  |      |                           |
|   |          |                  |             |                         |           |                  |      |                           |
|   |          |                  |             |                         |           |                  |      |                           |
|   |          |                  |             |                         | ·         |                  |      |                           |
|   |          |                  |             |                         |           |                  |      |                           |
| Total DSEs  |          |                  | 0.00        | Total DSEs              |           |                  | 0.00 |                           |
| Gross Receipts Third G  | roup     | \$               | 0.00        | Gross Receipts Fourth   | Group     | \$               | 0.00 |                           |
| Base Rate Fee Third Group \$ 0.00                                   |          |                  |             | Base Rate Fee Fourth    | Group     | \$               | 0.00 |                           |
|   |          |                  |             | <u>  </u>               |           |                  |      |                           |
| Base Rate Fee: Add the Enter here and in block                      |          |                  | riber group | as shown in the boxes a | above.    | \$               |      |                           |
|   |          |                  |             |                         |           | L                | 1    |                           |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 0006437  |          |                       |  |                       |            |                  |      |                           |  |
|--|----------|-----------------------|--|-----------------------|------------|------------------|------|---------------------------|--|
|  |          |                       | BASE RA                                  | TE FEES FOR EACH      |            |                  |      |                           |  |
|  | TY-THIRD | SUBSCRIBER GROUP      | 0  |                       | Y-FOURTH   | SUBSCRIBER GROUP | 0    | 9                         |  |
| COMMUNITY/ AREA  |          |                       | 0  | COMMUNITY/ AREA       |            |                  | 0    | Computation               |  |
| CALL SIGN  | DSE      | CALL SIGN             | DSE                                      | CALL SIGN             | DSE        | CALL SIGN        | DSE  | of                        |  |
|  |          |                       |  |                       |            |                  |      | Base Rate Fee             |  |
|  |          |                       |  |                       |            |                  |      | and<br>Sumdia stad        |  |
|  |          |                       |  |                       |            |                  |      | Syndicated<br>Exclusivity |  |
|  |          |                       |  |                       |            |                  |      | Surcharge                 |  |
|  |          |                       |  |                       |            |                  |      | for                       |  |
|  |          |                       |  |                       |            |                  |      | Partially                 |  |
|  |          |                       |  |                       |            |                  |      | Distant<br>Stations       |  |
|  |          |                       |  |                       |            |                  |      | Stations                  |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
| Total DSEs   | ļļ       |                       | 0.00                                     | Total DSEs            | <u> </u>   |                  | 0.00 |                           |  |
|  |          |                       | 0.00                                     |                       |            |                  | 0.00 |                           |  |
| Gross Receipts First Gr  | oup      | <u>\$</u>             | 0.00 Gross Receipts Second Group \$ 0.00 |                       |            |                  |      |                           |  |
| Base Rate Fee First Group \$ 0.00  |          |                       |  | Base Rate Fee Secon   |            | \$               | 0.00 |                           |  |
| ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  |          |                       |  |                       | IRTY-SIXTH | SUBSCRIBER GROUP | •    |                           |  |
| COMMUNITY/ AREA  |          |                       | 0  | COMMUNITY/ AREA       |            |                  | 0    |                           |  |
| CALL SIGN  | DSE      | CALL SIGN             | DSE                                      | CALL SIGN             | DSE        | CALL SIGN        | DSE  |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            | _                |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
| Total DSEs   |          |                       | 0.00                                     | Total DSEs            |            |                  | 0.00 |                           |  |
| Gross Receipts Third G   | roup     | \$                    | 0.00                                     | Gross Receipts Fourth | Group      | \$               | 0.00 |                           |  |
|  |          |                       |  |                       |            |                  |      |                           |  |
| Base Rate Fee Third G  | roup     | \$                    | 0.00                                     | Base Rate Fee Fourth  | Group      | \$               | 0.00 |                           |  |
| Base Rate Fee: Add the   | hase ret | e fees for each subso | riber group                              | as shown in the hoves | above      |                  |      |                           |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) \$ |          |                       |  |                       |            |                  |      |                           |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006437   |         |                     |             |                       |           |                                       |      |                           |  |
|--|---------|---------------------|-------------|-----------------------|-----------|---------------------------------------|------|---------------------------|--|
|  |         |                     | BASE RA     | TE FEES FOR EACH      |           |                                       |      |                           |  |
|  | SEVENTH | SUBSCRIBER GROUP    | 0           |                       | TY-EIGHTH | SUBSCRIBER GROUP                      | 0    | 9                         |  |
| COMMUNITY/ AREA  |         |                     | 0           | COMMUNITY/ AREA       |           |                                       | 0    | Computation               |  |
| CALL SIGN  | DSE     | CALL SIGN           | DSE         | CALL SIGN             | DSE       | CALL SIGN                             | DSE  | of                        |  |
|  |         |                     |             |                       |           |                                       |      | Base Rate Fee             |  |
|  |         |                     |             |                       |           |                                       |      | and<br>Sumdia stad        |  |
|  |         |                     |             |                       |           |                                       |      | Syndicated<br>Exclusivity |  |
|  |         |                     |             |                       |           |                                       |      | Surcharge                 |  |
|  |         |                     |             |                       |           |                                       |      | for                       |  |
|  |         |                     |             |                       |           |                                       |      | Partially<br>Distant      |  |
|  |         |                     |             |                       |           |                                       |      | Stations                  |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
| Total DSEs   |         | -                   | 0.00        | Total DSEs            |           |                                       | 0.00 |                           |  |
| Gross Receipts First Gr  | oup     | \$                  | 0.00        | Gross Receipts Secon  | d Group   | \$                                    | 0.00 |                           |  |
|  | oup     | ·                   |             |                       | u 0.04p   | · · · · · · · · · · · · · · · · · · · |      |                           |  |
| Base Rate Fee First Group \$ 0.00  |         |                     |             | Base Rate Fee Secon   |           | \$                                    | 0.00 |                           |  |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP  |         |                     |             |                       | FORTIETH  | SUBSCRIBER GROUP                      |      |                           |  |
| COMMUNITY/ AREA  |         |                     | 0           | COMMUNITY/ AREA       |           |                                       | 0    |                           |  |
| CALL SIGN  | DSE     | CALL SIGN           | DSE         | CALL SIGN             | DSE       | CALL SIGN                             | DSE  |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
| Total DSEs   |         |                     | 0.00        | Total DSEs            |           |                                       | 0.00 |                           |  |
| Gross Receipts Third G   | roup    | \$                  | 0.00        | Gross Receipts Fourth | Group     | \$                                    | 0.00 |                           |  |
|  |         |                     |             |                       |           |                                       |      |                           |  |
| Base Rate Fee Third G  | roup    | \$                  | 0.00        | Base Rate Fee Fourth  | Group     | \$                                    | 0.00 |                           |  |
| Bass Data Faar Add the   |         | a face for each out | ribor crows | as about in the base  |           |                                       |      |                           |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) \$ |         |                     |             |                       |           |                                       |      |                           |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006437  |          |                  |         |                       |          |                  |          |                      |
|--|----------|------------------|---------|-----------------------|----------|------------------|----------|----------------------|
| -  |          |                  | BASE RA | TE FEES FOR EACH      |          |                  |          |                      |
|  | TY-FIRST | SUBSCRIBER GROUP | 0       |                       | Y-SECOND | SUBSCRIBER GROUP | 0        | 9                    |
| COMMUNITY/ AREA  |          |                  |         | COMMUNITY/ AREA       |          |                  |          | Computation          |
| CALL SIGN  | DSE      | CALL SIGN        | DSE     | CALL SIGN             | DSE      | CALL SIGN        | DSE      | of                   |
|  |          |                  |         |                       |          |                  |          | Base Rate Fee        |
|  |          |                  |         |                       |          |                  |          | and<br>Syndicated    |
|  |          |                  |         |                       |          |                  |          | Exclusivity          |
|  |          |                  |         |                       |          |                  |          | Surcharge            |
|  |          |                  |         |                       |          |                  |          | for                  |
|  |          |                  |         |                       |          |                  |          | Partially<br>Distant |
|  |          |                  |         |                       |          |                  |          | Stations             |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
| Total DSEs   |          | -                | 0.00    | Total DSEs            |          |                  | 0.00     |                      |
| Gross Receipts First Gr  | auc      | \$               | 0.00    | Gross Receipts Secon  | 0.00     |                  |          |                      |
|  |          | ·                |         |                       |          | \$               |          |                      |
| Base Rate Fee First Group \$ 0.00  |          |                  |         | Base Rate Fee Secon   | d Group  | \$               | 0.00     |                      |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP   |          |                  |         | ONE HUNDRED FORT      | Y-FOURTH | SUBSCRIBER GROUP |          |                      |
| COMMUNITY/ AREA  |          |                  | 0       | COMMUNITY/ AREA       |          |                  | 0        |                      |
| CALL SIGN  | DSE      | CALL SIGN        | DSE     | CALL SIGN             | DSE      | CALL SIGN        | DSE      |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  | <b>.</b> |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
|  |          |                  |         |                       |          |                  |          |                      |
| Total DSEs   |          |                  | 0.00    | Total DSEs            |          |                  | 0.00     |                      |
| Gross Receipts Third G   | roup     | \$               | 0.00    | Gross Receipts Fourth | Group    | \$               | 0.00     |                      |
|  |          |                  |         |                       |          |                  |          |                      |
| Base Rate Fee Third G  | roup     | \$               | 0.00    | Base Rate Fee Fourth  | Group    | \$               | 0.00     |                      |
|  |          |                  |         |                       |          |                  |          |                      |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.         Enter here and in block 3, line 1, space L (page 7) |          |                  |         |                       |          |                  |          |                      |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.   | R OF CABL | E SYSTEM:        |         |                       |  | SY               | STEM ID#<br>006437 | Name                 |  |
|--|-----------|------------------|---------|-----------------------|--|------------------|--------------------|----------------------|--|
|  |           |                  | BASE RA | TE FEES FOR EACH      |  |                  |                    |                      |  |
|  | TY-FIFTH  | SUBSCRIBER GROUP | 0       | ONE HUNDRED FC        | RTY-SIXTH  | SUBSCRIBER GROUP | 0                  | 9                    |  |
| COMMUNITY/ AREA  |           |                  |         |                       |  |                  |                    | Computation          |  |
| CALL SIGN  | DSE       | CALL SIGN        | DSE     | CALL SIGN             | DSE  | CALL SIGN        | DSE                | of                   |  |
|  |           |                  |         |                       |  |                  |                    | Base Rate Fee        |  |
|  |           |                  |         |                       |  |                  |                    | and<br>Syndicated    |  |
|  |           |                  |         |                       |  |                  |                    | Exclusivity          |  |
|  |           |                  |         |                       |  |                  |                    | Surcharge            |  |
|  |           |                  |         |                       |  |                  |                    | for                  |  |
|  |           |                  |         |                       |  |                  |                    | -                    |  |
|  |           |                  |         |                       |  |                  |                    | Stations             |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
| Total DSEs   |           |                  | 0.00    | Total DSEs            |  |                  | 0.00               |                      |  |
| Gross Receipts First Gr  | oup       | \$               | 0.00    | Gross Receipts Secon  |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    | Partially<br>Distant |  |
| Base Rate Fee First Group \$ 0.00  |           |                  |         |                       | Base Rate Fee Second Group     \$     0.00       ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP |                  |                    |                      |  |
| ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP   |           |                  | 0       |                       | TY-EIGHTH  | SUBSCRIBER GROUP | 0                  |                      |  |
| COMMUNITY/ AREA  |           |                  | 0       | COMMUNITY/ AREA       |  |                  | 0                  |                      |  |
| CALL SIGN  | DSE       | CALL SIGN        | DSE     | CALL SIGN             | DSE  | CALL SIGN        | DSE                |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
| Total DSEs   |           |                  | 0.00    | Total DSEs            |  |                  | 0.00               |                      |  |
| Gross Receipts Third G   | roup      | \$               | 0.00    | Gross Receipts Fourth | Group  | \$               | 0.00               |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
| Base Rate Fee Third G  | roup      | \$               | 0.00    | Base Rate Fee Fourth  | Group  | \$               | 0.00               |                      |  |
|  |           |                  |         |                       |  |                  |                    |                      |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.         Enter here and in block 3, line 1, space L (page 7) |           |                  |         |                       |  |                  |                    |                      |  |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.            |           | LE SYSTEM:      |                |                         |          | SY                | STEM ID#<br>006437 | Name                     |
|--|-----------|-----------------|----------------|-------------------------|----------|-------------------|--------------------|--------------------------|
|  |           |                 |                |                         |          |                   |                    |                          |
| ONE HUNDRED FOR<br>COMMUNITY/ AREA               | I Y-NINTH | SUBSCRIBER GRUU | <u>مر</u><br>0 | COMMUNITY/ AREA         | FIFTIETF | I SUBSCRIBER GROU | P<br>0             | 9                        |
|  |           |                 |                |                         | ·····    |                   |                    | Computation              |
| CALL SIGN  | DSE       | CALL SIGN       | DSE            | CALL SIGN               | DSE      | CALL SIGN         | DSE                | of<br>Base Rate Fee      |
|  |           |                 |                |                         |          |                   |                    | and                      |
|  |           |                 |                |                         |          |                   |                    | Syndicated               |
|  |           |                 |                |                         |          |                   |                    | Exclusivity<br>Surcharge |
|  |           |                 |                |                         |          |                   |                    | for                      |
|  |           |                 |                |                         |          | •                 |                    | Partially                |
|  |           |                 |                |                         |          |                   |                    | Distant<br>Stations      |
|  |           |                 |                |                         |          |                   |                    | 1                        |
|  |           |                 |                |                         |          | •                 |                    | 1                        |
|  |           |                 |                |                         |          | •                 |                    | 1                        |
|  |           |                 |                |                         |          |                   |                    | l                        |
|  |           |                 | <u> </u>       |                         |          |                   | 0.00               | l                        |
| Total DSEs                                       |           |                 | 0.00           | Total DSEs              |          |                   | l                  |                          |
| Gross Receipts First Group \$ 0.00               |           |                 |                | Gross Receipts Secon    | d Group  | <u>\$</u>         | 0.00               | l                        |
| Base Rate Fee First G                            | roup      | \$              | 0.00           | Base Rate Fee Secon     | d Group  | \$                | 0.00               |                          |
|  | TY-FIRST  | SUBSCRIBER GROU |                | 1                       | -SECONE  | SUBSCRIBER GROU   | P                  | l                        |
| COMMUNITY/ AREA                                  |           |                 | 0              | COMMUNITY/ AREA         |          |                   | U                  | l                        |
| CALL SIGN  | DSE       | CALL SIGN       | DSE            | CALL SIGN               | DSE      | CALL SIGN         | DSE                |                          |
|  |           |                 |                |                         |          |                   |                    | 1                        |
|  |           |                 |                |                         |          |                   |                    | 1                        |
|  |           |                 |                |                         |          |                   |                    | l                        |
|  |           |                 |                |                         |          |                   |                    | 1                        |
|  |           |                 |                |                         |          |                   |                    | 1                        |
|  |           |                 |                |                         |          |                   |                    | 1                        |
|  |           |                 |                |                         |          |                   |                    | 1                        |
|  |           |                 |                |                         |          |                   |                    | 1                        |
|  |           |                 |                |                         |          |                   |                    | 1                        |
|  |           |                 |                |                         |          |                   |                    | l                        |
|  |           |                 |                |                         |          |                   |                    | l                        |
| Total DSEs                                       |           |                 | 0.00           | Total DSEs              |          |                   | 0.00               | l                        |
| Gross Receipts Third C                           | Group     | <u>\$</u>       | 0.00           | Gross Receipts Fourth   | Group    | \$                | 0.00               | 1                        |
| Base Rate Fee Third G                            | Group     | \$              | 0.00           | Base Rate Fee Fourth    | Group    | \$                | 0.00               | 1                        |
| Base Rate Fee: Add th<br>Enter here and in block |           |                 | riber group    | as shown in the boxes a | above.   | \$                |                    |                          |

| 9                |        |                |               |                      |               |                                   |                | CABLE ONE, INC.        |  |  |  |
|------------------|--------|----------------|---------------|----------------------|---------------|-----------------------------------|----------------|------------------------|--|--|--|
| 9                |        |                |               | TE FEES FOR EACH     |               |                                   |                |                        |  |  |  |
| -                | 0<br>0 | SUBSCRIBER GRO | Y-FOURIH      | ONE HUNDRED FIFT     | <u>ч</u><br>0 | SUBSCRIBER GRO                    | TY-THIRD       | ONE HUNDRED FIF        |  |  |  |
| Computati        |        |                |               |                      |               |                                   |                |                        |  |  |  |
| of               | DSE    | CALL SIGN      | DSE           | CALL SIGN            | DSE           | CALL SIGN                         | DSE            | CALL SIGN              |  |  |  |
| Base Rate I      |        |                |               |                      |               |                                   | <mark></mark>  |                        |  |  |  |
| and<br>Syndicate |        |                |               |                      |               |                                   |                |                        |  |  |  |
| Exclusivit       |        |                |               |                      |               |                                   |                |                        |  |  |  |
| Surcharg         |        |                | <mark></mark> |                      |               |                                   |                |                        |  |  |  |
| for<br>Partially |        |                |               |                      |               |                                   |                |                        |  |  |  |
| Distant          |        |                |               |                      |               |                                   |                |                        |  |  |  |
| Stations         |        |                |               |                      |               |                                   |                |                        |  |  |  |
|                  | ••••   |                |               |                      |               |                                   | <mark>.</mark> |                        |  |  |  |
|                  |        |                |               |                      |               |                                   |                |                        |  |  |  |
|                  |        |                |               |                      |               |                                   |                |                        |  |  |  |
|                  |        |                |               |                      |               |                                   |                |                        |  |  |  |
|                  | 0.00   | <u>.</u>       | Ļ             | Total DSEs           | 0.00          | 11                                |                | Total DSEs             |  |  |  |
|                  |        | •              | d Crown       |                      |               | Gross Receipts First Group \$ 0.0 |                |                        |  |  |  |
|                  | 0.00   | \$             | ia Group      | Gross Receipts Seco  | 0.00          | <u>ə</u>                          | houp           | Bross Receipts First G |  |  |  |
|                  | 0.00   | \$             | nd Group      | Base Rate Fee Secor  | 0.00          | \$                                | iroup          | Base Rate Fee First G  |  |  |  |
| _                | UP     | SUBSCRIBER GRO | FTY-SIXTH     | ONE HUNDRED FI       | JP            | SUBSCRIBER GRO                    | TY-FIFTH       | ONE HUNDRED FIF        |  |  |  |
|                  | 0      |                |               | COMMUNITY/ AREA      | 0             |                                   |                | COMMUNITY/ AREA        |  |  |  |
| -                | DSE    | CALL SIGN      | DSE           | CALL SIGN            | DSE           | CALL SIGN                         | DSE            | CALL SIGN              |  |  |  |
|                  |        |                |               |                      |               |                                   |                |                        |  |  |  |
|                  |        |                |               |                      |               |                                   |                |                        |  |  |  |
|                  |        |                |               |                      |               |                                   |                |                        |  |  |  |
|                  |        |                | ·····         |                      |               |                                   | ··             |                        |  |  |  |
| ••               |        |                |               |                      |               |                                   |                |                        |  |  |  |
|                  |        |                |               |                      |               |                                   |                |                        |  |  |  |
|                  | ••••   | +              |               |                      |               |                                   | <mark></mark>  |                        |  |  |  |
|                  |        |                |               |                      |               |                                   |                |                        |  |  |  |
|                  |        |                |               |                      |               |                                   |                |                        |  |  |  |
|                  |        |                |               |                      |               |                                   | <mark></mark>  |                        |  |  |  |
|                  |        | •              |               |                      |               |                                   |                |                        |  |  |  |
|                  | 0.00   |                |               | Total DSEs           | 0.00          |                                   |                | otal DSEs              |  |  |  |
|                  | 0.00   | \$             | n Group       | Gross Receipts Fourt | 0.00          | \$                                | Group          | Gross Receipts Third ( |  |  |  |
|                  |        |                |               | 11                   |               | 1                                 |                |                        |  |  |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.  | R OF CABL | E SYSTEM:        |         |                       |            | SY               | STEM ID#<br>006437 | Name                      |
|---|-----------|------------------|---------|-----------------------|------------|------------------|--------------------|---------------------------|
|   |           |                  | BASE RA | TE FEES FOR EACH      | SUBSCR     | IBER GROUP       |                    |                           |
|   | SEVENTH   | SUBSCRIBER GROUP | 0       |                       | TY-EIGHTH  | SUBSCRIBER GROUP | 0                  | 9                         |
| COMMUNITY/ AREA   |           |                  | 0       | COMMUNITY/ AREA       |            |                  | 0                  | Computation               |
| CALL SIGN   | DSE       | CALL SIGN        | DSE     | CALL SIGN             | DSE        | CALL SIGN        | DSE                | of                        |
|   |           |                  |         |                       |            |                  |                    | Base Rate Fee             |
|   |           |                  |         |                       |            | -                |                    | and                       |
|   |           |                  |         |                       |            |                  |                    | Syndicated<br>Exclusivity |
|   |           |                  |         |                       |            |                  |                    | Surcharge                 |
|   |           |                  |         |                       |            |                  |                    | for                       |
|   |           |                  |         |                       |            |                  |                    | Partially                 |
|   |           |                  |         |                       |            |                  |                    | Distant                   |
|   |           |                  |         |                       |            |                  |                    | Stations                  |
|   |           |                  |         |                       |            | _                |                    |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
| Total DSEs  |           |                  | 0.00    | Total DSEs            |            |                  | 0.00               |                           |
| Gross Receipts First Gr   | oup       | \$               | 0.00    | Gross Receipts Secon  | d Group    | \$               | 0.00               |                           |
| Base Rate Fee First Group \$ 0.00   |           |                  |         | Base Rate Fee Secon   | d Group    | \$               | 0.00               |                           |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP  |           |                  |         |                       | D SIXTIETH | SUBSCRIBER GROUP |                    |                           |
| COMMUNITY/ AREA   |           |                  | 0       | COMMUNITY/ AREA       |            |                  | 0                  |                           |
| CALL SIGN   | DSE       | CALL SIGN        | DSE     | CALL SIGN             | DSE        | CALL SIGN        | DSE                |                           |
|   |           |                  |         |                       |            | _                |                    |                           |
|   |           |                  |         |                       |            | <u> </u>         |                    |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
|   |           |                  |         |                       |            |                  | <b>.</b>           |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
| Total DSEs  |           |                  | 0.00    | Total DSEs            |            |                  | 0.00               |                           |
| Gross Receipts Third G  | roup      | \$               | 0.00    | Gross Receipts Fourth | Group      | \$               | 0.00               |                           |
|   |           |                  |         |                       |            |                  |                    |                           |
| Base Rate Fee Third G   | roup      | \$               | 0.00    | Base Rate Fee Fourth  | Group      | \$               | 0.00               |                           |
| Dees Data Es  |           | - <b>f</b> or 1  | ih or   | ee eheurs in the L    | ah av -    |                  |                    |                           |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |           |                  |         |                       |            |                  |                    |                           |

| LEGAL NAME OF OW<br>CABLE ONE, IN |                | BLE SYSTEM:                     |               |                      |                         | S                               | 6YSTEM ID#<br>006437 | Name              |
|-----------------------------------|----------------|---------------------------------|---------------|----------------------|-------------------------|---------------------------------|----------------------|-------------------|
|                                   |                | COMPUTATION C<br>SUBSCRIBER GRO |               | ATE FEES FOR EA      |                         | RIBER GROUP<br>D SUBSCRIBER GRO | DUP                  | •                 |
| COMMUNITY/ ARE                    | Α              |                                 | 0             | COMMUNITY/ ARE       | <b>9</b><br>Computation |                                 |                      |                   |
| CALL SIGN                         | DSE            | CALL SIGN                       | DSE           | CALL SIGN            | DSE                     | CALL SIGN                       | DSE                  | of                |
|                                   |                |                                 |               |                      |                         |                                 |                      | Base Rate Fe      |
|                                   |                | +                               |               |                      |                         |                                 |                      | and<br>Syndicated |
|                                   |                |                                 |               |                      |                         |                                 |                      | Exclusivity       |
|                                   |                |                                 |               |                      |                         |                                 |                      | Surcharge<br>for  |
|                                   |                |                                 |               |                      |                         |                                 |                      | Partially         |
|                                   |                |                                 |               |                      |                         |                                 |                      | Distant           |
|                                   |                |                                 | ····          |                      |                         |                                 |                      | Stations          |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
| Total DSEs                        |                |                                 | 0.00          | Total DSEs           |                         |                                 | 0.00                 |                   |
| Gross Receipts Firs               | t Group        | \$                              | 0.00          | Gross Receipts Sec   | cond Group              | \$                              | 0.00                 |                   |
| Base Rate Fee First               | t Group        | \$                              | 0.00          | Base Rate Fee Sec    | cond Group              | \$                              | 0.00                 |                   |
|                                   | THIRD          | SUBSCRIBER GRO                  | OUP           |                      | FOURTH                  | H SUBSCRIBER GRO                | )UP                  |                   |
| COMMUNITY/ ARE                    | Α              |                                 | 0             | COMMUNITY/ ARE       | ΞΑ                      |                                 | 0                    |                   |
| CALL SIGN                         | DSE            | CALL SIGN                       | DSE           | CALL SIGN            | DSE                     | CALL SIGN                       | DSE                  |                   |
| <br>                              |                |                                 |               |                      | •••••                   |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
|                                   |                |                                 |               |                      |                         |                                 |                      |                   |
| Total DSEs                        |                |                                 | 0.00          | Total DSEs           |                         |                                 | 0.00                 |                   |
| Gross Receipts Thir               | d Group        | \$                              | 0.00          | Gross Receipts For   | urth Group              | \$                              | 0.00                 |                   |
| Base Rate Fee Thin                | d Group        | \$                              | 0.00          | Base Rate Fee Fou    | urth Group              | \$                              | 0.00                 |                   |
| Base Rate Fee: Add                | d the base ra  | ite fees for each sub           | scriber group | as shown in the boxe | es above.               |                                 |                      |                   |
| Enter here and in blo             | ock 3, line 1, | space L (page 7)                | <b>U</b>      |                      |                         | \$                              | 0.00                 |                   |

| Image: Region of the second | BER GROUP<br>SUBSCRIBER GROU |           | TE FEES FOR EAC     |          |                                  |         |                       |  |
|---|------------------------------|-----------|---------------------|----------|----------------------------------|---------|-----------------------|--|
| 0 9<br>Computation<br>of<br>Base Rate F<br>and<br>Syndicate<br>Exclusivit<br>Surchargon<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>0.00<br>R GROUP<br>0  |                              | SIXTH     |                     |          | COMPUTATION OF                   |         | В                     |  |
| Computation<br>Computation<br>Computation<br>of<br>Base Rate F<br>and<br>Syndicate<br>Exclusivit<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>0.00<br>R GROUP<br>0  | CALL SIGN                    |           |                     |          | SUBSCRIBER GRO                   | FIFTH   |                       |  |
| in DSE of<br>Base Rate F<br>and<br>Syndicate<br>Exclusivit<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>0.00<br>0.00<br>0.00  | CALL SIGN                    |           | COMMUNITY/ AREA     | 0        |                                  |         | COMMUNITY/ AREA       |  |
| Base Rate I<br>and<br>Syndicate<br>Exclusivit<br>Surcharg<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00  |                              | DSE       | CALL SIGN           | DSE      | CALL SIGN                        | DSE     | CALL SIGN             |  |
| Syndicate         Exclusivit         Surcharg         for         Partially         Distant         Stations         0.00         0.00         0.00         R GROUP         0   |                              |           |                     |          |                                  |         |                       |  |
| Exclusivit<br>Surcharg<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00   |                              |           |                     |          |                                  |         |                       |  |
| Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00  |                              |           |                     |          |                                  |         |                       |  |
| for<br>Partially<br>Distant<br>Stations<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00   |                              |           |                     |          |                                  |         |                       |  |
| Partially<br>Distant<br>Stations  |                              |           |                     |          |                                  |         |                       |  |
| Distant<br>Stations   |                              |           |                     |          |                                  |         |                       |  |
| 0.00<br>0.00<br>0.00<br>0.00<br>R GROUP<br>0  |                              |           |                     |          |                                  |         |                       |  |
| 0.00<br>0.00<br>R GROUP<br>0  |                              |           |                     |          | -                                |         |                       |  |
| 0.00<br>0.00<br>R GROUP<br>0  |                              |           |                     |          |                                  |         |                       |  |
| 0.00<br>0.00<br>R GROUP<br>0  |                              |           |                     |          |                                  |         |                       |  |
| 0.00<br>0.00<br>R GROUP<br>0  |                              |           |                     |          |                                  |         |                       |  |
| 0.00<br>0.00<br>R GROUP<br>0  |                              |           |                     |          |                                  |         |                       |  |
| 0.00<br>0.00<br>R GROUP<br>0  |                              |           |                     |          |                                  |         |                       |  |
| 0.00<br>0.00<br>R GROUP<br>0  |                              |           |                     | 0.00     |                                  | _       |                       |  |
| 0.00<br>R GROUP<br>0  |                              |           | Total DSEs          |          | Total DSEs 0.00                  |         |                       |  |
| R GROUP 0   | \$                           | ond Group | Gross Receipts Seco | 0.00     | Gross Receipts First Group \$ 0. |         |                       |  |
| 0   | \$                           | ond Group | Base Rate Fee Seco  | 0.00     | \$                               | Group   | Base Rate Fee First G |  |
| 0<br>N DSE  | SUBSCRIBER GRO               | EIGHTH    |                     | UP       | SUBSCRIBER GRO                   | SEVENTH |                       |  |
| N DSE   | COMMUNITY/ AREA 0            |           |                     |          |                                  |         | COMMUNITY/ AREA       |  |
|   | CALL SIGN                    | DSE       | CALL SIGN           | DSE      | CALL SIGN                        | DSE     | CALL SIGN             |  |
|   |                              |           |                     |          |                                  |         |                       |  |
|   |                              |           |                     |          |                                  |         |                       |  |
|   |                              |           |                     |          |                                  |         |                       |  |
|   |                              |           |                     |          |                                  |         |                       |  |
|   |                              |           |                     |          |                                  |         |                       |  |
|   |                              |           |                     |          |                                  |         |                       |  |
|   |                              |           |                     |          |                                  |         |                       |  |
|   |                              |           |                     |          |                                  |         |                       |  |
|   |                              |           |                     | <b>.</b> |                                  |         |                       |  |
|   |                              |           |                     |          |                                  |         |                       |  |
|   |                              |           |                     |          |                                  |         |                       |  |
|   |                              |           |                     |          |                                  |         |                       |  |
| 0.00  |                              |           | Total DSEs          | 0.00     |                                  |         | Total DSEs            |  |
| 0.00  |                              |           | Gross Receipts Four | 0.00     | \$                               | Group   | Gross Receipts Third  |  |
|   | \$                           | th Group  | 0100011000000001000 |          |                                  |         |                       |  |
| 0.00  | <u> </u>                     | th Group  |                     |          |                                  |         |                       |  |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.          | R OF CABI | LE SYSTEM:                       |                    |                      |                         | S                               | 006437      | Name              |
|--|-----------|----------------------------------|--------------------|----------------------|-------------------------|---------------------------------|-------------|-------------------|
|  |           | COMPUTATION OF<br>SUBSCRIBER GRO | UP                 | ATE FEES FOR EAC     | TENTH                   | RIBER GROUP<br>I SUBSCRIBER GRO | UP <b>0</b> | 9                 |
| COMMUNITY/ AREA                                |           |                                  | 0                  | COMMUNITY/ ARE       | <b>J</b><br>Computation |                                 |             |                   |
| CALL SIGN                                      | DSE       | CALL SIGN                        | DSE                | CALL SIGN            | DSE                     | CALL SIGN                       | DSE         | of                |
|  |           |                                  |                    |                      |                         |                                 |             | Base Rate Fee     |
|  |           |                                  |                    |                      |                         | •                               |             | and<br>Syndicated |
|  |           |                                  |                    |                      |                         |                                 |             | Exclusivity       |
|  |           |                                  |                    |                      |                         | •                               |             | Surcharge         |
|  |           |                                  |                    |                      |                         |                                 |             | for<br>Partially  |
|  |           |                                  |                    |                      |                         |                                 |             | Distant           |
|  |           |                                  |                    |                      |                         | •                               |             | Stations          |
|  |           |                                  |                    |                      |                         |                                 |             |                   |
|  |           |                                  |                    |                      |                         |                                 |             |                   |
|  |           |                                  |                    |                      |                         | •                               |             |                   |
|  |           |                                  |                    |                      |                         |                                 |             |                   |
| Total DSEs                                     |           |                                  | 0.00               | Total DSEs           |                         |                                 | 0.00        |                   |
| Gross Receipts First Group \$ 0.00             |           | 0.00                             | Gross Receipts Sec | ond Group            | \$                      | 0.00                            |             |                   |
| Base Rate Fee First Gr                         | oup       | \$                               | 0.00               | Base Rate Fee Sec    | ond Group               | \$                              | 0.00        |                   |
| EL   | EVENTH    | SUBSCRIBER GRO                   | UP                 |                      | TWELVTH                 | I SUBSCRIBER GRO                | UP          |                   |
| COMMUNITY/ AREA                                |           |                                  | 0                  | COMMUNITY/ ARE       | A                       |                                 | 0           |                   |
| CALL SIGN                                      | DSE       | CALL SIGN                        | DSE                | CALL SIGN            | DSE                     | CALL SIGN                       | DSE         |                   |
|  |           |                                  |                    |                      | ·····                   |                                 |             |                   |
|  |           |                                  |                    |                      |                         |                                 |             |                   |
|  |           |                                  |                    |                      |                         |                                 |             |                   |
|  |           |                                  |                    |                      |                         |                                 |             |                   |
|  |           |                                  |                    |                      |                         |                                 |             |                   |
|  |           |                                  |                    |                      |                         |                                 |             |                   |
|  |           |                                  |                    |                      |                         |                                 |             |                   |
|  |           |                                  |                    | 1                    |                         |                                 |             |                   |
|  |           |                                  |                    |                      |                         |                                 | ····-       |                   |
|  |           |                                  |                    |                      | •••••                   | •                               | ····        |                   |
|  |           |                                  |                    |                      |                         |                                 |             |                   |
| Total DSEs                                     |           |                                  | 0.00               | Total DSEs           |                         |                                 | 0.00        |                   |
| Gross Receipts Third G                         | roup      | \$                               | 0.00               | Gross Receipts Fou   | rth Group               | \$                              | 0.00        |                   |
| Base Rate Fee Third G                          | roup      | \$                               | 0.00               | Base Rate Fee Fou    | rth Group               | \$                              | 0.00        |                   |
| Base Rate Fee: Add the Enter here and in block |           |                                  | criber group       | as shown in the boxe | es above.               | \$                              |             |                   |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |               | LE SYSTEM:       |             |                      |           | S                | VSTEM ID#<br>006437 | Name                |
|---------------------------------------|---------------|------------------|-------------|----------------------|-----------|------------------|---------------------|---------------------|
| BI                                    | LOCK A: (     | COMPUTATION OF   | BASE RA     | TE FEES FOR EAC      | CH SUBSCF | RIBER GROUP      |                     |                     |
|                                       |               | SUBSCRIBER GROU  |             | 1                    |           | I SUBSCRIBER GRO | UP                  | •                   |
| COMMUNITY/ AREA                       |               |                  | 0           | COMMUNITY/ AREA 0    |           |                  |                     | 9<br>Computation    |
| CALL SIGN                             |               |                  | Dee         | CALL SIGN            | Dee       |                  |                     | Computation<br>of   |
| CALL SIGN                             | DSE           | CALL SIGN        | DSE         | CALL SIGN            | DSE       | CALL SIGN        | DSE                 | or<br>Base Rate Fee |
|                                       | <mark></mark> |                  |             |                      | ·····     |                  | ····                | and                 |
|                                       | •             |                  |             |                      | •••••     | •                | ····                | Syndicated          |
|                                       |               |                  |             |                      |           |                  |                     | Exclusivity         |
|                                       |               |                  |             |                      |           |                  | ····                | Surcharge           |
|                                       |               | -                |             |                      |           |                  |                     | for                 |
|                                       |               |                  |             |                      |           |                  |                     | Partially           |
|                                       |               | -                |             |                      |           |                  |                     | Distant             |
|                                       |               | ]                |             | ][                   |           |                  |                     | Stations            |
|                                       |               |                  |             |                      |           |                  |                     |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
| Total DSEs                            |               |                  | 0.00        | Total DSEs           |           |                  | 0.00                |                     |
| Gross Receipts First G                | roup          | \$               | 0.00        | Gross Receipts Sec   | ond Group | \$               | 0.00                |                     |
| Base Rate Fee First G                 | roup          | \$               | 0.00        | Base Rate Fee Sec    | ond Group | \$               | 0.00                |                     |
| FI                                    | FTEENTH       | SUBSCRIBER GROU  | JP          |                      | SIXTEENTH | I SUBSCRIBER GRO | UP                  |                     |
| COMMUNITY/ AREA                       |               |                  | 0           | COMMUNITY/ ARE       | Α         |                  | 0                   |                     |
| CALL SIGN                             | DSE           | CALL SIGN        | DSE         | CALL SIGN            | DSE       | CALL SIGN        | DSE                 |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
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|                                       |               |                  |             |                      |           | •                |                     |                     |
|                                       |               |                  |             |                      |           |                  | ····                |                     |
|                                       |               |                  |             |                      |           |                  | •••••               |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
|                                       |               |                  |             |                      |           |                  |                     |                     |
| Total DSEs                            |               |                  | 0.00        | Total DSEs           |           |                  | 0.00                |                     |
| Gross Receipts Third C                | Group         | \$               | 0.00        | Gross Receipts Fou   | rth Group | \$               | 0.00                |                     |
| Base Rate Fee Third G                 | Group         | \$               | 0.00        | Base Rate Fee Fou    | rth Group | \$               | 0.00                |                     |
| Base Rate Fee: Add th                 |               |                  | riber group | as shown in the boxe | es above. | ¢                |                     |                     |
| Enter here and in block               | s, ine 1, s   | space L (page /) |             |                      |           | ¢                |                     |                     |

| LEGAL NAME OF OW<br>CABLE ONE, IN           |                     | E SYSTEM:            |               |                      |             | 5              | 6YSTEM ID#<br>006437 | Name                      |
|---|---------------------|----------------------|---------------|----------------------|-------------|----------------|----------------------|---------------------------|
|   |                     |                      |               | TE FEES FOR EA       |             |                |                      |                           |
|   |                     | SUBSCRIBER GRC       |               |                      |             | SUBSCRIBER GRC | 0UP<br>0             | 9                         |
| COMMUNITY/ ARE/                             | A                   |                      | 0             | COMMUNITY/ ARE       | Computation |                |                      |                           |
| CALL SIGN                                   | DSE                 | CALL SIGN            | DSE           | CALL SIGN            | DSE         | CALL SIGN      | DSE                  | of                        |
|   |                     |                      |               |                      |             |                |                      | Base Rate Fee             |
|   | ·····               |                      |               |                      | ••••••      |                |                      | and                       |
|   |                     |                      |               |                      |             |                |                      | Syndicated<br>Exclusivity |
|   |                     |                      |               |                      |             |                |                      | Surcharge                 |
|   |                     |                      |               |                      |             |                |                      | for                       |
|   |                     |                      |               |                      | •••••       |                |                      | Partially<br>Distant      |
|   |                     |                      |               |                      |             |                |                      | Stations                  |
|   |                     |                      |               |                      |             |                |                      |                           |
|   | ·····               |                      |               |                      | ·····       |                |                      |                           |
|   | ·····               |                      | <b></b>       |                      |             |                |                      |                           |
|   |                     |                      |               |                      |             |                |                      |                           |
|   |                     |                      |               |                      |             |                |                      |                           |
| Total DSEs                                  |                     |                      | 0.00          | Total DSEs           |             |                | 0.00                 |                           |
| Gross Receipts First                        | t Group             | \$                   | 0.00          | Gross Receipts Sec   | cond Group  | \$             | 0.00                 |                           |
| Base Rate Fee First                         | t Group             | \$                   | 0.00          | Base Rate Fee Sec    | cond Group  | \$             | 0.00                 |                           |
|   | NINTEENTH           | SUBSCRIBER GRC       | UP            |                      | TWENTIETH   | SUBSCRIBER GRC | UP                   |                           |
| COMMUNITY/ ARE/                             |                     |                      | 0             | COMMUNITY/ ARE       |             |                | 0                    |                           |
| CALL SIGN                                   | DSE                 | CALL SIGN            | DSE           | CALL SIGN            | DSE         | CALL SIGN      | DSE                  |                           |
|   |                     | -                    |               |                      |             |                |                      |                           |
|   |                     |                      |               |                      |             |                |                      |                           |
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|   |                     |                      |               |                      | •••••       |                |                      |                           |
|   |                     |                      |               |                      |             |                |                      |                           |
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|   |                     |                      | <mark></mark> |                      |             |                |                      |                           |
|   |                     |                      |               |                      |             |                |                      |                           |
| Total DSEs                                  |                     |                      | 0.00          | Total DSEs           |             |                | 0.00                 |                           |
| Gross Receipts Thire                        | d Group             | \$                   | 0.00          | Gross Receipts For   | urth Group  | \$             | 0.00                 |                           |
| Base Rate Fee Third                         | d Group             | \$                   | 0.00          | Base Rate Fee Fou    | urth Group  | \$             | 0.00                 |                           |
| Base Rate Fee: Add<br>Enter here and in blo | the <b>base rat</b> | e fees for each subs | criber group  | as shown in the boxe | es above.   | \$             |                      |                           |
|   |                     | page 1               |               |                      |             | -              |                      |                           |

| LEGAL NAME OF OWNE                             |               | LE SYSTEM:      |             |                      |            | S              | 6YSTEM ID#<br>006437 | Name             |
|--|---------------|-----------------|-------------|----------------------|------------|----------------|----------------------|------------------|
| В  | LOCK A: (     | COMPUTATION OF  | BASE RA     | ATE FEES FOR EAG     | CH SUBSCR  | IBER GROUP     |                      |                  |
|  |               | SUBSCRIBER GROU |             |                      |            | SUBSCRIBER GRO | UP                   | •                |
| COMMUNITY/ AREA                                |               |                 | 0           | COMMUNITY/ ARE       | A          |                | 0                    | 9<br>Computation |
| CALL SIGN                                      | DSE           | CALL SIGN       | DSE         | CALL SIGN            | DSE        | CALL SIGN      | DSE                  | of               |
|  | DOL           |                 | DOL         |                      | DOL        |                | DOL                  | Base Rate Fee    |
|  |               |                 |             |                      |            |                |                      | and              |
|  |               |                 |             |                      |            | •              |                      | Syndicated       |
|  |               |                 |             |                      |            |                |                      | Exclusivity      |
|  |               |                 |             |                      |            | •              |                      | Surcharge        |
|  |               |                 |             |                      |            |                |                      | for              |
|  |               |                 |             |                      |            |                |                      | Partially        |
|  |               | -               |             |                      |            |                |                      | Distant          |
|  |               |                 |             |                      |            |                |                      | Stations         |
|  |               |                 |             |                      |            |                |                      |                  |
|  |               |                 |             |                      |            |                |                      |                  |
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|  |               |                 |             |                      |            | <u> </u>       |                      |                  |
| Total DSEs                                     |               |                 | 0.00        | Total DSEs           |            |                | 0.00                 |                  |
| Gross Receipts First G                         | Group         | \$              | 0.00        | Gross Receipts Sec   | cond Group | \$             | 0.00                 |                  |
|  |               |                 |             |                      |            |                |                      |                  |
| Base Rate Fee First G                          |               | \$              | 0.00        | Base Rate Fee Sec    |            | \$             | 0.00                 |                  |
|  | TY-THIRD      | SUBSCRIBER GROU |             | 11                   |            | SUBSCRIBER GRO | UP                   |                  |
| COMMUNITY/ AREA                                |               |                 | 0           | COMMUNITY/ ARE       | A          |                | 0                    |                  |
| CALL SIGN                                      | DSE           | CALL SIGN       | DSE         | CALL SIGN            | DSE        | CALL SIGN      | DSE                  |                  |
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|  |               |                 |             |                      |            |                |                      |                  |
|  |               |                 |             |                      |            |                |                      |                  |
| Total DSEs                                     |               |                 | 0.00        | Total DSEs           |            |                | 0.00                 |                  |
| Gross Receipts Third (                         | Group         | \$              | 0.00        | Gross Receipts Fou   | irth Group | \$             | 0.00                 |                  |
|  | 14            | ·               |             |                      | P          | ·              |                      |                  |
| Base Rate Fee Third (                          | Group         | \$              | 0.00        | Base Rate Fee Fou    | irth Group | \$             | 0.00                 |                  |
|  |               |                 |             | Ш                    |            |                |                      |                  |
| Base Rate Fee: Add the Enter here and in block |               |                 | riber group | as shown in the boxe | es above.  | \$             |                      |                  |
|  | , - ,-        |                 |             |                      |            |                |                      |                  |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |                | LE SYSTEM:       |             |                      |                             | S              | O06437 | Name                |
|---------------------------------------|----------------|------------------|-------------|----------------------|-----------------------------|----------------|--------|---------------------|
| BI                                    | LOCK A: (      | COMPUTATION OF   | BASE RA     | TE FEES FOR EAC      |                             | RIBER GROUP    |        |                     |
|                                       |                | SUBSCRIBER GROU  |             |                      |                             | SUBSCRIBER GRO | UP     | •                   |
| COMMUNITY/ AREA                       |                |                  | 0           | COMMUNITY/ AREA 0    |                             |                |        | 9<br>Computation    |
| CALL SIGN                             |                |                  |             | CALL SIGN            |                             |                | Der    | Computation         |
| CALL SIGN                             | DSE            | CALL SIGN        | DSE         | CALL SIGN            | DSE                         | CALL SIGN      | DSE    | of<br>Base Rate Fee |
|                                       | ··             |                  |             |                      |                             |                |        | and                 |
|                                       |                |                  |             |                      |                             |                |        | Syndicated          |
|                                       |                |                  |             |                      |                             |                |        | Exclusivity         |
|                                       |                |                  |             |                      | ····                        |                |        | Surcharge           |
|                                       |                |                  |             |                      |                             |                |        | for                 |
|                                       |                | -                |             |                      |                             |                |        | Partially           |
|                                       |                |                  |             |                      |                             |                |        | Distant             |
|                                       |                |                  |             |                      |                             |                |        | Stations            |
|                                       |                |                  |             |                      |                             |                |        |                     |
|                                       |                |                  | [           | ][                   |                             |                |        |                     |
|                                       |                | ]                |             | ][                   |                             |                |        |                     |
|                                       |                |                  |             |                      |                             |                |        |                     |
|                                       |                |                  |             |                      |                             |                |        |                     |
|                                       |                |                  |             |                      |                             |                |        |                     |
| Total DSEs                            |                |                  | 0.00        | Total DSEs           |                             |                | 0.00   |                     |
| Gross Receipts First G                | roup           | \$               | 0.00        | Gross Receipts Sec   | ond Group                   | \$             | 0.00   |                     |
| Base Rate Fee First G                 | roup           | \$               | 0.00        | Base Rate Fee Sec    | ond Group                   | \$             | 0.00   |                     |
| TWENTY-                               | SEVENTH        | SUBSCRIBER GROU  | JP          | TWE                  | NTY-EIGHTH                  | SUBSCRIBER GRO | UP     |                     |
| COMMUNITY/ AREA                       |                |                  | 0           | COMMUNITY/ ARE       | Α                           |                | 0      |                     |
| CALL SIGN                             | DSE            | CALL SIGN        | DSE         | CALL SIGN            | DSE                         | CALL SIGN      | DSE    |                     |
|                                       |                |                  |             |                      |                             |                |        |                     |
|                                       | <mark>.</mark> |                  |             |                      |                             |                |        |                     |
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|                                       |                |                  |             |                      |                             |                |        |                     |
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|                                       |                |                  |             |                      |                             |                |        |                     |
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|                                       |                |                  |             | ][                   |                             |                |        |                     |
| Total DSEs                            |                |                  | 0.00        | Total DSEs           |                             |                | 0.00   |                     |
| Gross Receipts Third C                | Group          | \$               | 0.00        | Gross Receipts Fou   | rth Group                   | \$             | 0.00   |                     |
|                                       |                |                  |             |                      | •                           |                |        |                     |
| Base Rate Fee Third G                 | Group          | \$               | 0.00        | Base Rate Fee Fou    | rth Group                   | \$             | 0.00   |                     |
| Base Rate Fee: Add th                 |                |                  | riber group | as shown in the boxe | s above.                    |                |        |                     |
| Enter here and in block               | 3, ine 1, s    | space L (page 7) |             |                      |                             | \$             |        |                     |

| and       syndicated       and       syndicated       and       syndicated       syndica  | LEGAL NAME OF OW<br>CABLE ONE, IN           |  | LE SYSTEM:                             |               |                      |                   | 5              | 6YSTEM ID#<br>006437 | Name          |  |
|---|---|--|--|---------------|----------------------|-------------------|----------------|----------------------|---------------|--|
| COMMUNITY AREA  |   |  |  |               | TE FEES FOR EAG      |                   |                |                      |               |  |
| CALL SIGN       DSE   |   |  | SUBSCRIBER GRO                         |               |                      |                   | SUBSCRIBER GRC |                      | 9             |  |
| CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         and           Image: Call Sign  | COMMUNITY/ ARE                              | A                                      |  | U             | COMMUNITY/ ARE       | COMMUNITY/ AREA 0 |                |                      |               |  |
| and and any and any   | CALL SIGN                                   | DSE                                    | CALL SIGN                              | DSE           | CALL SIGN            | DSE               | CALL SIGN      | DSE                  |               |  |
| Image: Second |   |  |  |               |                      |                   |                |                      | Base Rate Fee |  |
| Image: second state set for each subscriber groups as shown in the bases above.       Image: second state set for sech subscriber groups as shown in the bases above.       Image: second state set for sech subscriber groups as shown in the bases above.       Image: second state set for sech subscriber groups as shown in the bases above.       Image: second state set for sech subscriber groups as shown in the bases above.       Image: second state set for sech subscriber groups as shown in the bases above.       Image: second state set for sech subscriber groups as shown in the bases above.       Image: second state set for sech subscriber groups as shown in the bases above.   |   |  |  |               |                      |                   |                |                      |               |  |
| Image: second |   |  |  |               |                      |                   | •              |                      |               |  |
| Image: Second |   |  |  |               |                      |                   |                |                      |               |  |
| Distant   Image: Second Group   Total DSEs   Image: Second Group   Image: Second Gr   |   |  |  |               |                      |                   |                |                      |               |  |
| Stations  |   |  |  |               |                      |                   |                |                      |               |  |
| Total DSEs       0.00       5       0.00         Gross Receipts First Group       \$       0.00       5       0.00         Base Rate Fee First Group       \$       0.00       5       0.00         Thirty Y-FIRST SUBSCRIBER GROUP       Thirty SECOND SUBSCRIBER GROUP       Thirty SECOND SUBSCRIBER GROUP       0.00         COMMUNITY / AREA       0       0       0       0       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSES       Gross Receipts Fourth Group       \$       Gross Receipts Fourth Group       Gross Receipts Fourth Group <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td>  |   |  |  |               |                      |                   | •              |                      |               |  |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         HIRTY-FIRST SUBSCRIBER GROUP       THIRTY-SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts First Group       Image: Second Group         Community/ AREA       O       Community/ AREA       O       Image: Second Group       Image: Second Gro   |   |  |  |               |                      |                   |                |                      |               |  |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         HIRTY-FIRST SUBSCRIBER GROUP       THIRTY-SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts First Group       Image: Second Group         Community/ AREA       O       Community/ AREA       O       Image: Second Group       Image: Second Gro   |   |  |  |               |                      |                   |                |                      |               |  |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         HIRTY-FIRST SUBSCRIBER GROUP       THIRTY-SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts First Group       Image: Second Group         Community/ AREA       O       Community/ AREA       O       Image: Second Group       Image: Second Gro   |   |  |  | <mark></mark> |                      |                   |                |                      |               |  |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         HIRTY-FIRST SUBSCRIBER GROUP       THIRTY-SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts First Group       Image: Second Group         Community/ AREA       O       Community/ AREA       O       Image: Second Group       Image: Second Gro   |   |  |  |               |                      | •••••             | •              |                      |               |  |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         HIRTY-FIRST SUBSCRIBER GROUP       THIRTY-SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts First Group       Image: Second Group         Community/ AREA       O       Community/ AREA       O       Image: Second Group       Image: Second Gro   |   |  | •                                      |               |                      |                   |                |                      |               |  |
| Base Rate Fee First Group       \$       0.00         THIRTY-FIRST SUBSCRIBER GROUP       THIRTY-SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE         COMMUNITY/ AREA       COMMUNITY         COMMUNITY       COMMUNITY         CALL SIGN       DSE         CALL SIGN       <  | Total DSEs                                  |  |  | 0.00          | Total DSEs           |                   |                | 0.00                 |               |  |
| U         THIRTY-FIRST SUBSCRIBER GROUP       THIRTY-SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gauge State Stat   | Gross Receipts Firs                         | t Group                                | \$                                     | 0.00          | Gross Receipts Sec   | cond Group        | \$             | 0.00                 |               |  |
| U         THIRTY-FIRST SUBSCRIBER GROUP       THIRTY-SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gauge State Stat   |   |  |  |               |                      |                   |                |                      |               |  |
| COMMUNITY/ AREA       O         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       Call SIG  |   | -                                      | \$                                     |               | Base Rate Fee Sec    | cond Group        | \$             | 0.00                 |               |  |
| CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN   |   |  | SUBSCRIBER GRO                         |               |                      |                   | SUBSCRIBER GRC | -                    |               |  |
| Image: Second state Image: Second state   Image: Second state Image   | COMMUNITY/ ARE                              | Α                                      |  | 0             | COMMUNITY/ ARE       | A                 |                |                      |               |  |
| Image: State Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   | CALL SIGN                                   | DSE                                    | CALL SIGN                              | DSE           | CALL SIGN            | DSE               | CALL SIGN      | DSE                  |               |  |
| Image: State Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |   |  | +                                      |               |                      |                   | ++             |                      |               |  |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.  |   |  |  |               |                      |                   |                |                      |               |  |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.  |   |  |  |               |                      |                   |                |                      |               |  |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.  |   |  |  |               |                      |                   | ++             |                      |               |  |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.  |   |  |  |               |                      |                   |                |                      |               |  |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.  |   |  |  |               |                      |                   |                |                      |               |  |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.  |   |  |  |               |                      | <mark></mark>     |                |                      |               |  |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.  |   |  | +                                      | <b>.</b>      |                      |                   | ++             |                      |               |  |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.  |   |  | ]                                      |               |                      |                   |                |                      |               |  |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.  |   |  |  |               |                      |                   |                |                      |               |  |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.  |   |  |  |               |                      | ·····             |                |                      |               |  |
| Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   | Total DSEs                                  |  |  | 0.00          | Total DSEs           |                   |                | 0.00                 |               |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  | Gross Receipts Thir                         | d Group                                | \$                                     | 0.00          | Gross Receipts Fou   | irth Group        | \$             | 0.00                 |               |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |   |  |  |               |                      |                   |                |                      |               |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7)   | Base Rate Fee Thin                          | d Group                                | \$                                     | 0.00          | Base Rate Fee Fou    | irth Group        | \$             | 0.00                 |               |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.         Enter here and in block 3, line 1, space L (page 7)  |   |  |  |               |                      |                   |                |                      |               |  |
|   | Base Rate Fee: Add<br>Enter here and in blo | d the <b>base ra</b><br>ock 3, line 1, | te fees for each subs space L (page 7) | criber group  | as shown in the boxe | es above.         | \$             |                      |               |  |

|                              | LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006437 |                  |                  |                      |             |                |             | Name              |
|------------------------------|---|------------------|------------------|----------------------|-------------|----------------|-------------|-------------------|
|                              |   |                  |                  | TE FEES FOR EAG      |             | IBER GROUP     |             |                   |
| THIR                         | TY-THIRD  | SUBSCRIBER GROU  | JP               | THIF                 | RTY-FOURTH  | SUBSCRIBER GRO | UP          | 0                 |
| COMMUNITY/ AREA              |   |                  | 0                | COMMUNITY/ ARE       | A           |                | 0           | 9                 |
|                              |   |                  |                  |                      |             |                | <b>D</b> 05 | Computatio        |
| CALL SIGN                    | DSE   | CALL SIGN        | DSE              | CALL SIGN            | DSE         | CALL SIGN      | DSE         | of<br>Base Rate F |
|                              | •••••••••••••••••••••••••••••••••••••••                             |                  |                  | -                    |             | +              |             | and               |
|                              | ··  | -                |                  |                      | ·····       |                |             | Syndicated        |
|                              | •••••••••••••••••••••••••••••••••••••••                             |                  |                  |                      |             | •              |             | Exclusivity       |
|                              |   |                  |                  |                      | •••••       |                |             | Surcharge         |
|                              |   |                  |                  |                      |             |                |             | for               |
|                              |   |                  |                  |                      |             |                |             | Partially         |
|                              |   |                  |                  |                      |             |                |             | Distant           |
|                              |   |                  |                  |                      |             |                |             | Stations          |
|                              | <mark></mark>   |                  |                  |                      |             |                |             |                   |
|                              | <mark></mark>   | -                |                  |                      |             |                |             |                   |
|                              | <mark></mark>   |                  |                  |                      |             |                |             |                   |
|                              | <mark></mark>   |                  |                  |                      | ·····       |                |             |                   |
|                              | <mark></mark>   |                  |                  |                      |             | •              |             |                   |
|                              |   |                  | ļ                |                      |             |                |             |                   |
| Total DSEs                   |   |                  | 0.00             | Total DSEs           |             |                | 0.00        |                   |
| Gross Receipts First G       | froup   | \$               | 0.00             | Gross Receipts Sec   | cond Group  | \$             | 0.00        |                   |
| <b>Base Rate Fee</b> First G | iroup   | \$               | 0.00             | Base Rate Fee Sec    | cond Group  | \$             | 0.00        |                   |
| THIR                         | RTY-FIFTH   | SUBSCRIBER GROU  | JP               | Т                    | HIRTY-SIXTH | SUBSCRIBER GRO | UP          |                   |
| COMMUNITY/ AREA              |   |                  | 0                | COMMUNITY/ ARE       | A           |                | 0           |                   |
| CALL SIGN                    | DSE   | CALL SIGN        | DSE              | CALL SIGN            | DSE         | CALL SIGN      | DSE         |                   |
|                              | ··  | -                |                  |                      | ·····       |                |             |                   |
|                              | •••••••••••••••••••••••••••••••••••••••                             |                  |                  |                      |             | ++             |             |                   |
|                              |   |                  |                  |                      |             | •              |             |                   |
|                              |   |                  |                  |                      |             |                |             |                   |
|                              |   |                  |                  |                      |             |                |             |                   |
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|                              | <mark></mark>   |                  | · <b> </b> ····· |                      | •••••       | +              | ·····       |                   |
|                              | ··  |                  |                  |                      |             |                |             |                   |
|                              | <mark></mark>   | •                | <b>.</b>         |                      |             | 11             |             |                   |
|                              |   |                  |                  |                      |             | 11             |             |                   |
| Total DSEs                   |   |                  | 0.00             | Total DSEs           |             |                | 0.00        |                   |
| Gross Receipts Third (       | Group   | \$               | 0.00             | Gross Receipts Fou   | irth Group  | \$             | 0.00        |                   |
|                              |   |                  |                  |                      |             |                |             |                   |
| Base Rate Fee Third C        | Group   | \$               | 0.00             | Base Rate Fee Fou    | irth Group  | \$             | 0.00        |                   |
| Base Rate Fee: Add th        |   |                  | criber group     | as shown in the boxe | es above.   |                |             |                   |
| Enter here and in block      | k 3, line 1, s  | space L (page 7) |                  |                      |             | \$             |             |                   |

| EGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006437 |                |                 |             |                      |               |                 |               |                    |  |
|---|----------------|-----------------|-------------|----------------------|---------------|-----------------|---------------|--------------------|--|
| В   | LOCK A: 0      | COMPUTATION OF  | BASE RA     | TE FEES FOR EAC      |               | IBER GROUP      |               |                    |  |
| THIRTY-   | SEVENTH        | SUBSCRIBER GROU | JP          | THI                  | RTY-EIGHTH    | SUBSCRIBER GROU | JP            | •                  |  |
| COMMUNITY/ AREA   |                |                 | 0           | COMMUNITY/ ARE       | A             |                 | 0             | 9                  |  |
|   |                |                 |             |                      |               |                 |               | Computation        |  |
| CALL SIGN   | DSE            | CALL SIGN       | DSE         | CALL SIGN            | DSE           | CALL SIGN       | DSE           | of<br>Deve Dete Fe |  |
|   |                |                 |             |                      |               |                 |               | Base Rate Fe       |  |
|   |                |                 |             |                      |               | +               | ····          | and                |  |
|   |                |                 |             |                      |               | +               | ····          | Syndicated         |  |
|   | <mark>.</mark> |                 |             |                      | ·····         |                 | ····          | Exclusivity        |  |
|   |                |                 |             |                      |               | +               | ····          | Surcharge          |  |
|   |                |                 |             |                      |               | +               | ····          | for                |  |
|   |                |                 |             |                      |               |                 | ····          | Partially          |  |
|   |                |                 |             |                      |               | +               | ····          | Distant            |  |
|   |                |                 |             |                      |               |                 | ····          | Stations           |  |
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|   |                |                 |             |                      | <mark></mark> |                 |               |                    |  |
|   |                |                 |             |                      | <mark></mark> |                 | <mark></mark> |                    |  |
|   |                |                 |             |                      |               |                 | <mark></mark> |                    |  |
|   |                |                 |             |                      |               |                 |               |                    |  |
|   |                |                 |             |                      |               |                 |               |                    |  |
| Total DSEs  |                |                 | 0.00        | Total DSEs           |               |                 | 0.00          |                    |  |
| Gross Receipts First G  | Group          | \$              | 0.00        | Gross Receipts Sec   | ond Group     | \$              | 0.00          |                    |  |
| Base Rate Fee First G   | Group          | \$              | 0.00        | Base Rate Fee Sec    | ond Group     | \$              | 0.00          |                    |  |
| THIR  | TY-NINTH       | SUBSCRIBER GROU | JP          |                      | FORTIETH      | SUBSCRIBER GROU | JP            |                    |  |
| COMMUNITY/ AREA   |                |                 | 0           | COMMUNITY/ ARE       |               |                 | 0             |                    |  |
| CALL SIGN   | DSE            | CALL SIGN       | DSE         | CALL SIGN            | DSE           | CALL SIGN       | DSE           |                    |  |
|   |                |                 |             |                      |               |                 |               |                    |  |
|   |                |                 |             |                      |               |                 |               |                    |  |
|   |                |                 |             |                      |               |                 | ····          |                    |  |
|   |                |                 |             |                      |               |                 | ••••          |                    |  |
|   |                |                 |             |                      |               |                 |               |                    |  |
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|   | ··-            |                 |             |                      | <mark></mark> | ++              | ····          |                    |  |
|   |                |                 |             |                      |               |                 |               |                    |  |
| Total DSEs  |                |                 | 0.00        | Total DSEs           |               |                 | 0.00          |                    |  |
| Gross Receipts Third  | Group          | \$              | 0.00        | Gross Receipts Fou   | rth Group     | \$              | 0.00          |                    |  |
| Base Rate Fee Third (   | Group          | \$              | 0.00        | Base Rate Fee Fou    | rth Group     | \$              | 0.00          |                    |  |
|   | •              | <u> </u>        | -           |                      |               | L               |               |                    |  |
| Base Rate Fee: Add the Enter here and in block                                      |                |                 | riber group | as shown in the boxe | s above.      | \$              |               |                    |  |
| 1   |                |                 |             |                      |               |                 |               |                    |  |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.            | R OF CABI                             | LE SYSTEM:      |             |                            |                | S               | STEM ID#<br>006437                     | Name               |
|--|---------------------------------------|-----------------|-------------|----------------------------|----------------|-----------------|--|--------------------|
| BI   | OCK A: (                              | COMPUTATION OF  | BASE RA     | ATE FEES FOR EAC           | H SUBSCR       | IBER GROUP      |  |                    |
|  |                                       | SUBSCRIBER GROU |             |                            |                | SUBSCRIBER GROU | IP                                     | •                  |
| COMMUNITY/ AREA                                  |                                       |                 | 0           | COMMUNITY/ ARE/            | Α              |                 | 0                                      | 9                  |
|  |                                       |                 |             |                            |                |                 |  | Computation        |
| CALL SIGN  | DSE                                   | CALL SIGN       | DSE         | CALL SIGN                  | DSE            | CALL SIGN       | DSE                                    | of<br>Deve Dete De |
|  |                                       |                 |             |                            | ·····          |                 | <mark></mark>                          | Base Rate Fe       |
|  |                                       |                 |             |                            |                |                 |  | and                |
|  |                                       |                 |             |                            |                |                 |  | Syndicated         |
|  |                                       |                 |             |                            |                |                 |  | Exclusivity        |
|  |                                       |                 |             |                            |                |                 |  | Surcharge          |
|  |                                       |                 |             |                            |                |                 |  | for                |
|  |                                       |                 |             |                            |                |                 |  | Partially          |
|  |                                       |                 |             |                            |                |                 |  | Distant            |
|  |                                       |                 |             |                            |                |                 |  | Stations           |
|  |                                       |                 |             |                            |                |                 |  |                    |
|  |                                       |                 |             |                            |                |                 |  |                    |
|  |                                       |                 |             |                            |                | +               |  |                    |
|  | ·                                     |                 |             |                            |                | +               | •••••••••••••••••••••••••••••••••••••• |                    |
|  | ·                                     |                 |             |                            |                |                 | ···                                    |                    |
|  | · · · · · · · · · · · · · · · · · · · |                 |             |                            | ••••           | +               |  |                    |
|  |                                       |                 |             |                            |                | <u>  </u>       | _                                      |                    |
| Total DSEs                                       |                                       |                 | 0.00        | Total DSEs                 |                |                 | 0.00                                   |                    |
| Gross Receipts First G                           | roup                                  | \$              | 0.00        | Gross Receipts Sec         | ond Group      | \$              | 0.00                                   |                    |
| Base Rate Fee First G                            | roup                                  | \$              | 0.00        | Base Rate Fee Seco         | ond Group      | \$              | 0.00                                   |                    |
| FOR  | ry-third                              | SUBSCRIBER GROL | JP          | FOR                        | TY-FOURTH      | SUBSCRIBER GROU | IP                                     |                    |
| COMMUNITY/ AREA                                  |                                       |                 | 0           | COMMUNITY/ ARE/            | Α              |                 | 0                                      |                    |
| CALL SIGN  | DSE                                   | CALL SIGN       | DSE         | CALL SIGN                  | DSE            | CALL SIGN       | DSE                                    |                    |
|  |                                       |                 |             |                            | <mark>.</mark> |                 | <mark></mark>                          |                    |
|  |                                       |                 |             |                            | ·····          |                 |  |                    |
|  |                                       |                 |             |                            |                |                 |  |                    |
|  |                                       |                 |             |                            |                |                 |  |                    |
|  |                                       |                 |             |                            |                |                 |  |                    |
|  |                                       |                 |             |                            |                |                 | <mark></mark>                          |                    |
|  |                                       |                 |             |                            |                |                 |  |                    |
|  |                                       |                 |             |                            |                |                 | <mark></mark>                          |                    |
|  |                                       |                 |             |                            |                |                 |  |                    |
|  |                                       |                 |             |                            |                |                 | <mark></mark>                          |                    |
|  |                                       |                 |             |                            |                |                 | <mark></mark>                          |                    |
|  |                                       |                 |             |                            |                |                 |  |                    |
|  |                                       |                 |             |                            |                |                 |  |                    |
|  |                                       |                 |             |                            |                |                 |  |                    |
|  |                                       |                 |             |                            |                |                 |  |                    |
| Total DSEs                                       |                                       |                 | 0.00        | Total DSEs                 |                |                 | 0.00                                   |                    |
| Gross Receipts Third G                           | Group                                 | \$              | 0.00        | Gross Receipts Four        | rth Group      | \$              | 0.00                                   |                    |
| Base Rate Fee Third G                            | Group                                 | \$              | 0.00        | Base Rate Fee Four         | rth Group      | \$              | 0.00                                   |                    |
| Base Rate Fee: Add th<br>Enter here and in block |                                       |                 | riber group | II<br>as shown in the boxe | s above.       | \$              |  |                    |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.          |   | LE SYSTEM:      |             |                       |           | S              | 3YSTEM ID#<br>006437 | Name              |
|--|---|-----------------|-------------|-----------------------|-----------|----------------|----------------------|-------------------|
|  |   |                 |             | TE FEES FOR EAC       |           |                |                      |                   |
|  | TY-FIFTH                                | SUBSCRIBER GROU |             | 11                    |           | SUBSCRIBER GRO |                      | 9                 |
| COMMUNITY/ AREA                                |   |                 | 0           | COMMUNITY/ ARE        | A         |                | 0                    | Computation       |
| CALL SIGN                                      | DSE                                     | CALL SIGN       | DSE         | CALL SIGN             | DSE       | CALL SIGN      | DSE                  | of                |
|  |   |                 |             |                       |           |                |                      | Base Rate Fee     |
|  | <mark></mark>                           |                 |             |                       |           |                |                      | and<br>Syndicated |
|  |   |                 |             |                       |           |                |                      | Exclusivity       |
|  |   |                 |             |                       |           |                |                      | Surcharge         |
|  | <mark>.</mark>                          |                 |             |                       |           |                |                      | for<br>Partially  |
|  | ••••••••••••••••••••••••••••••••••••••• |                 |             |                       |           | •              |                      | Distant           |
|  |   |                 |             |                       |           |                |                      | Stations          |
|  |   |                 |             |                       |           |                |                      |                   |
|  | <mark></mark>                           |                 |             |                       |           |                |                      |                   |
|  |   |                 |             |                       |           |                |                      |                   |
|  |   |                 |             |                       |           |                |                      |                   |
|  |   |                 |             |                       |           |                |                      |                   |
| Total DSEs                                     |   |                 | 0.00        | Total DSEs            |           |                | 0.00                 |                   |
| Gross Receipts First G                         | iroup                                   | \$              | 0.00        | Gross Receipts Sec    | ond Group | \$             | 0.00                 |                   |
|  |   |                 |             |                       |           |                |                      |                   |
| Base Rate Fee First G                          | -                                       | \$              | 0.00        | Base Rate Fee Sec     |           | \$             | 0.00                 |                   |
| FORTY-S  | SEVENTH                                 | SUBSCRIBER GROU | <u>90</u>   | FOI<br>COMMUNITY/ ARE |           | SUBSCRIBER GRO | 0<br>0               |                   |
| COMMUNITY AREA                                 |   |                 | U           | COMMUNITY ARE         | A         |                |                      |                   |
| CALL SIGN                                      | DSE                                     | CALL SIGN       | DSE         | CALL SIGN             | DSE       | CALL SIGN      | DSE                  |                   |
|  |   |                 |             |                       |           |                |                      |                   |
|  | <mark>.</mark>                          |                 |             |                       |           |                |                      |                   |
|  |   |                 |             |                       |           |                |                      |                   |
|  |   |                 |             |                       |           |                |                      |                   |
|  | <mark></mark>                           |                 |             |                       |           |                |                      |                   |
|  | ·· ·····                                |                 |             |                       |           |                |                      |                   |
|  |   |                 |             |                       |           |                |                      |                   |
|  |   |                 |             |                       |           |                |                      |                   |
|  | <mark></mark>                           |                 |             |                       |           |                |                      |                   |
|  |   |                 |             |                       |           | ++             |                      |                   |
|  |   |                 |             | ]                     |           |                |                      |                   |
|  |   |                 |             |                       |           |                |                      |                   |
| Total DSEs                                     |   |                 | 0.00        | Total DSEs            |           |                | 0.00                 |                   |
| Gross Receipts Third C                         | Group                                   | \$              | 0.00        | Gross Receipts Fou    | rth Group | \$             | 0.00                 |                   |
|  |   |                 |             |                       |           |                |                      |                   |
| Base Rate Fee Third G                          | Group                                   | \$              | 0.00        | Base Rate Fee Fou     | rth Group | \$             | 0.00                 |                   |
|  |   |                 |             | 0                     |           |                |                      |                   |
| Base Rate Fee: Add the Enter here and in block |   |                 | riber group | as shown in the boxe  | es above. | \$             |                      |                   |
|  | ( ), inte 1, 3                          | pace - (page 1) |             |                       |           | Ψ.             |                      |                   |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | R OF CABL | E SYSTEM:       |             |                             |           | S               | YSTEM ID#<br>006437 | Name                      |
|--|-----------|-----------------|-------------|-----------------------------|-----------|-----------------|---------------------|---------------------------|
|  |           |                 |             | TE FEES FOR EAC             |           |                 |                     |                           |
|  | Y-NINTH   | SUBSCRIBER GROU |             | <u> </u>                    |           | SUBSCRIBER GROU |                     | 9                         |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA             |           |                 | 0                   | Computation               |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN                   | DSE       | CALL SIGN       | DSE                 | of                        |
|  |           |                 |             |                             |           |                 |                     | Base Rate Fee             |
|  |           |                 |             |                             |           |                 |                     | and                       |
|  |           |                 |             |                             |           | +               | ····                | Syndicated<br>Exclusivity |
|  |           |                 |             |                             | ••••      |                 |                     | Surcharge                 |
|  |           |                 |             |                             |           |                 |                     | for                       |
|  |           |                 |             |                             |           |                 |                     | Partially                 |
|  |           |                 |             |                             |           |                 |                     | Distant<br>Stations       |
|  |           |                 |             |                             |           | •               |                     | Stations                  |
|  |           |                 |             |                             |           |                 |                     |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
| Total DSEs                                     | I         | Į               | 0.00        | Total DSEs                  |           | 11              | 0.00                |                           |
| Gross Receipts First Gro                       | aun       | \$              | 0.00        | Gross Receipts Seco         | and Group | \$              | 0.00                |                           |
|  | Jup       | -<br>-          | 0.00        | Gloss Receipts Seco         |           | \$              | 0.00                |                           |
| Base Rate Fee First Gro                        | oup       | \$              | 0.00        | Base Rate Fee Seco          | ond Group | \$              | 0.00                |                           |
|  | Y-FIRST   | SUBSCRIBER GROU | JP          |                             |           | SUBSCRIBER GROU | UP                  |                           |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA             | ·         |                 | 0                   |                           |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN                   | DSE       | CALL SIGN       | DSE                 |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
|  |           |                 |             |                             |           | •               |                     |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
|  |           |                 |             |                             | ····      |                 |                     |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
|  |           |                 |             |                             |           |                 |                     |                           |
| Total DSEs                                     |           |                 | 0.00        | Total DSEs                  |           |                 | 0.00                |                           |
| Gross Receipts Third Gr                        | roup      | \$              | 0.00        | Gross Receipts Four         | th Group  | \$              | 0.00                |                           |
| Base Rate Fee Third Gr                         | oup       | \$              | 0.00        | Base Rate Fee Four          | th Group  | \$              | 0.00                |                           |
| Base Rate Fee: Add the Enter here and in block |           |                 | riber group | II<br>as shown in the boxes | s above.  | \$              |                     |                           |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006437 |                |                  |                    |                      |               |                |       |                  |  |
|---|----------------|------------------|--------------------|----------------------|---------------|----------------|-------|------------------|--|
| В   | LOCK A: (      | COMPUTATION OF   | BASE RA            | TE FEES FOR EAG      | CH SUBSCR     | IBER GROUP     |       |                  |  |
|   |                | SUBSCRIBER GRO   |                    |                      |               | SUBSCRIBER GRO | UP    | •                |  |
| COMMUNITY/ AREA   |                |                  | 0                  | COMMUNITY/ ARE       | A             |                | 0     | 9<br>Computation |  |
| CALL SIGN   | DSE            | CALL SIGN        | DSE                | CALL SIGN            | DSE           | CALL SIGN      | DSE   | of               |  |
| CALL SIGN   | DSE            | CALL SIGN        | DGE                | CALL SIGN            | DSE           | CALL SIGN      | DSE   | Base Rate Fee    |  |
|   |                |                  |                    |                      | •••••         | +              |       | and              |  |
|   |                | -                |                    |                      | •••••         | •              |       | Syndicated       |  |
|   |                | -                |                    |                      |               | •              |       | Exclusivity      |  |
|   |                |                  |                    |                      | ·····         |                |       | Surcharge        |  |
|   |                | -                |                    |                      | ····          | •              |       | for              |  |
|   |                |                  |                    |                      |               |                |       | Partially        |  |
|   |                |                  |                    |                      |               |                |       | Distant          |  |
|   |                |                  |                    | ][                   |               |                |       | Stations         |  |
|   |                |                  | [                  | ]                    |               |                |       |                  |  |
|   |                |                  |                    |                      |               |                |       |                  |  |
|   |                |                  |                    |                      |               |                |       |                  |  |
|   |                |                  |                    |                      |               |                |       |                  |  |
|   |                |                  |                    |                      |               |                |       |                  |  |
|   |                |                  |                    |                      |               |                |       |                  |  |
| Total DSEs  |                |                  | 0.00               | Total DSEs           |               |                | 0.00  |                  |  |
| Gross Receipts First Group \$ 0.00                                  |                | 0.00             | Gross Receipts Sec | cond Group           | \$            | 0.00           |       |                  |  |
| Base Rate Fee First G   | Group          | \$               | 0.00               | Base Rate Fee Sec    | cond Group    | \$             | 0.00  |                  |  |
| FIF   | FTY-FIFTH      | SUBSCRIBER GRO   | UP                 |                      | FIFTY-SIXTH   | SUBSCRIBER GRO | UP    |                  |  |
| COMMUNITY/ AREA   |                |                  | 0                  | COMMUNITY/ ARE       | A             |                | 0     |                  |  |
| CALL SIGN   | DSE            | CALL SIGN        | DSE                | CALL SIGN            | DSE           | CALL SIGN      | DSE   |                  |  |
|   |                |                  |                    |                      | <mark></mark> |                |       |                  |  |
|   |                |                  |                    |                      |               |                | ····· |                  |  |
|   |                |                  |                    |                      |               |                | ····· |                  |  |
|   |                |                  |                    |                      | <mark></mark> |                | ····· |                  |  |
|   | ···            |                  |                    |                      |               | +              | ····  |                  |  |
|   |                | -                |                    |                      | ·····         | +              | ····  |                  |  |
|   |                |                  |                    |                      | •••••         | +              | ••••  |                  |  |
|   | ·····          |                  | •                  |                      |               | ++             | ····  |                  |  |
|   |                |                  |                    |                      |               | ++             |       |                  |  |
|   |                |                  | <b>.</b>           |                      |               | ++             |       |                  |  |
|   |                |                  | 1                  |                      |               |                |       |                  |  |
|   |                |                  | 1                  |                      |               |                |       |                  |  |
|   |                |                  | 1                  |                      |               |                |       |                  |  |
|   |                |                  |                    | ][                   |               |                |       |                  |  |
| Total DSEs  |                |                  | 0.00               | Total DSEs           |               |                | 0.00  |                  |  |
| Gross Receipts Third  | Group          | \$               | 0.00               | Gross Receipts Fou   | irth Group    | \$             | 0.00  |                  |  |
|   |                | ·                |                    |                      |               | . <u>.</u>     |       |                  |  |
| Base Rate Fee Third (   | Group          | \$               | 0.00               | Base Rate Fee Fou    | irth Group    | \$             | 0.00  |                  |  |
| Base Rate Fee: Add t  |                |                  | criber group       | as shown in the boxe | es above.     |                |       |                  |  |
| Enter here and in bloc  | к 3, line 1, s | space L (page 7) |                    |                      |               | \$             |       |                  |  |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.            |               | E SYSTEM:       |             |                      |            | S              | 006437        | Name                 |
|--|---------------|-----------------|-------------|----------------------|------------|----------------|---------------|----------------------|
|  |               |                 |             | TE FEES FOR EAG      |            |                |               |                      |
|  | SEVENTH       | SUBSCRIBER GROU |             | 11                   |            | SUBSCRIBER GRO |               | 9                    |
| COMMUNITY/ AREA                                  |               |                 | 0           | COMMUNITY/ ARE       | A          |                | 0             | Computation          |
| CALL SIGN  | DSE           | CALL SIGN       | DSE         | CALL SIGN            | DSE        | CALL SIGN      | DSE           | of                   |
|  |               |                 |             |                      |            |                |               | Base Rate Fee        |
|  |               |                 |             |                      |            |                |               | and<br>Syndicated    |
|  |               |                 |             |                      |            |                |               | Exclusivity          |
|  |               |                 |             |                      |            |                |               | Surcharge            |
|  |               |                 |             |                      | ·····      |                |               | for<br>Derticility   |
|  |               |                 |             |                      |            |                |               | Partially<br>Distant |
|  |               | -               |             |                      |            |                |               | Stations             |
|  |               |                 |             |                      |            |                |               |                      |
|  |               |                 |             |                      |            |                |               |                      |
|  |               |                 |             |                      |            |                |               |                      |
|  |               |                 |             |                      |            |                |               |                      |
|  |               |                 |             |                      |            |                |               |                      |
| Total DSEs                                       |               |                 | 0.00        | Total DSEs           |            |                | 0.00          |                      |
| Gross Receipts First G                           | Group         | \$              | 0.00        | Gross Receipts Sec   | ond Group  | \$             | 0.00          |                      |
|  |               |                 |             |                      |            |                |               |                      |
| Base Rate Fee First G                            | -             | \$              | 0.00        | Base Rate Fee Sec    |            | \$             | 0.00          |                      |
|  | TY-NINTH      | SUBSCRIBER GROU |             |                      |            | SUBSCRIBER GRO | -             |                      |
| COMMUNITY/ AREA                                  |               |                 | 0           | COMMUNITY/ ARE       | A          |                | 0             |                      |
| CALL SIGN  | DSE           | CALL SIGN       | DSE         | CALL SIGN            | DSE        | CALL SIGN      | DSE           |                      |
|  |               |                 |             |                      | ·····      |                |               |                      |
|  |               |                 |             |                      |            |                |               |                      |
|  |               | -               |             |                      |            |                |               |                      |
|  |               |                 |             |                      |            |                |               |                      |
|  |               |                 |             |                      |            |                |               |                      |
|  |               |                 |             |                      |            |                |               |                      |
|  |               |                 |             | ]                    |            |                |               |                      |
|  |               |                 |             |                      |            |                | <mark></mark> |                      |
|  | <mark></mark> |                 |             |                      | •••••      |                | ····          |                      |
|  |               |                 |             |                      |            |                |               |                      |
|  |               |                 |             |                      |            |                |               |                      |
|  |               |                 |             |                      |            |                |               |                      |
| Total DSEs                                       |               |                 | 0.00        | Total DSEs           |            |                | 0.00          |                      |
| Gross Receipts Third (                           | Group         | \$              | 0.00        | Gross Receipts Fou   | irth Group | \$             | 0.00          |                      |
| Base Rate Fee Third C                            | Group         | \$              | 0.00        | Base Rate Fee Fou    | rth Group  | \$             | 0.00          |                      |
|  |               |                 |             | 11                   |            |                |               |                      |
| Base Rate Fee: Add th<br>Enter here and in block |               |                 | riber group | as shown in the boxe | es above.  | \$             |               |                      |
|  | . J, III J, J | proce - (page / |             |                      |            | Ψ              |               |                      |

| LEGAL NAME OF OWN<br>CABLE ONE, INC            |                 | LE SYSTEM:       |                    |                      |               | S                | O06437 | Name                |
|--|-----------------|------------------|--------------------|----------------------|---------------|------------------|--------|---------------------|
| E  | BLOCK A: (      | COMPUTATION OF   | BASE RA            | TE FEES FOR EAG      | CH SUBSCF     | RIBER GROUP      |        |                     |
|  |                 | SUBSCRIBER GRO   |                    |                      |               | SUBSCRIBER GRO   | UP     | •                   |
| COMMUNITY/ AREA                                |                 |                  | 0                  | COMMUNITY/ ARE       | A             |                  | 0      | 9                   |
|  | DOF             |                  | DOF                |                      |               |                  | DOF    | Computation         |
| CALL SIGN                                      | DSE             | CALL SIGN        | DSE                | CALL SIGN            | DSE           | CALL SIGN        | DSE    | of<br>Base Rate Fee |
|  |                 |                  |                    |                      |               |                  |        | and                 |
|  |                 |                  |                    |                      |               | •                |        | Syndicated          |
|  |                 |                  |                    |                      | •••••         | •                |        | Exclusivity         |
|  |                 |                  |                    |                      |               |                  |        | Surcharge           |
|  |                 |                  |                    |                      |               |                  |        | for                 |
|  |                 |                  |                    |                      |               |                  |        | Partially           |
|  |                 |                  |                    |                      |               |                  |        | Distant             |
|  |                 |                  |                    |                      |               |                  |        | Stations            |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
| Total DSEs                                     |                 |                  | 0.00               | Total DSEs           |               |                  | 0.00   |                     |
| Gross Receipts First Group \$ 0.00             |                 | 0.00             | Gross Receipts Sec | cond Group           | \$            | 0.00             |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
| Base Rate Fee First (                          | -               | \$               | 0.00               | Base Rate Fee Sec    |               | \$               | 0.00   |                     |
| SIX  | TY-THIRD        | SUBSCRIBER GRO   | UP                 | SIX                  | KTY-FOURTH    | I SUBSCRIBER GRO | UP     |                     |
| COMMUNITY/ AREA                                |                 |                  | 0                  | COMMUNITY/ ARE       | A             |                  | 0      |                     |
| CALL SIGN                                      | DSE             | CALL SIGN        | DSE                | CALL SIGN            | DSE           | CALL SIGN        | DSE    |                     |
|  |                 |                  |                    |                      | <mark></mark> |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  | ···             |                  |                    |                      | ·····         | •                |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  | •••             |                  |                    |                      |               | ++               |        |                     |
|  |                 | -                |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
|  |                 |                  |                    |                      |               |                  |        |                     |
| Total DSEs                                     |                 |                  | 0.00               | Total DSEs           |               |                  | 0.00   |                     |
| Gross Receipts Third                           | Group           | \$               | 0.00               | Gross Receipts Fou   | irth Group    | \$               | 0.00   |                     |
|  |                 | [                | ]                  |                      |               |                  |        |                     |
| Base Rate Fee Third                            | Group           | \$               | 0.00               | Base Rate Fee Fou    | rth Group     | \$               | 0.00   |                     |
|  |                 |                  |                    | Ш                    |               |                  |        |                     |
| Base Rate Fee: Add t<br>Enter here and in bloc |                 |                  | criber group       | as shown in the boxe | es above.     | ¢                |        |                     |
|  | к J, III С I, S | space L (paye 1) |                    |                      |               | Ф                |        |                     |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006437 |              |                      |                |                      |            |                |               |                           |  |
|---|--------------|----------------------|----------------|----------------------|------------|----------------|---------------|---------------------------|--|
|   |              |                      |                | TE FEES FOR EA       |            |                |               |                           |  |
|   |              | SUBSCRIBER GRO       |                | 11                   |            | SUBSCRIBER GRC |               | 9                         |  |
| COMMUNITY/ AREA   |              |                      | 0              | COMMUNITY/ ARE       | -A         |                | 0             | Computation               |  |
| CALL SIGN   | DSE          | CALL SIGN            | DSE            | CALL SIGN            | DSE        | CALL SIGN      | DSE           | of                        |  |
|   |              |                      |                |                      |            |                |               | Base Rate Fee             |  |
|   |              |                      |                |                      |            |                | ·····         | and<br>Sundiastad         |  |
|   |              |                      |                |                      |            |                |               | Syndicated<br>Exclusivity |  |
|   |              |                      |                |                      |            |                |               | Surcharge                 |  |
|   |              |                      |                |                      |            |                |               | for                       |  |
|   |              |                      |                |                      |            |                |               | Partially<br>Distant      |  |
|   |              |                      |                |                      |            | •              |               | Stations                  |  |
|   |              |                      |                |                      |            |                |               |                           |  |
|   |              |                      |                |                      |            |                | <mark></mark> |                           |  |
|   | ·····        |                      | <mark></mark>  |                      |            |                |               |                           |  |
|   |              |                      |                |                      |            |                |               |                           |  |
|   |              |                      |                |                      |            |                |               |                           |  |
| Total DSEs  |              |                      | 0.00           | Total DSEs           |            |                | 0.00          |                           |  |
| Gross Receipts First  | Group        | \$                   | 0.00           | Gross Receipts Sec   | cond Group | \$             | 0.00          |                           |  |
|   |              |                      |                |                      |            |                |               |                           |  |
| Base Rate Fee First   |              | \$                   | 0.00           | Base Rate Fee Sec    | cond Group | \$             | 0.00          |                           |  |
|   |              | SUBSCRIBER GRO       |                |                      |            | SUBSCRIBER GRC | -             |                           |  |
| COMMUNITY/ AREA   | A            |                      | 0              | COMMUNITY/ ARE       | EA         |                | 0             |                           |  |
| CALL SIGN   | DSE          | CALL SIGN            | DSE            | CALL SIGN            | DSE        | CALL SIGN      | DSE           |                           |  |
|   |              |                      |                |                      |            |                |               |                           |  |
|   |              |                      |                |                      |            |                |               |                           |  |
|   |              |                      |                |                      |            |                |               |                           |  |
|   |              |                      |                |                      |            |                |               |                           |  |
|   |              |                      |                |                      |            |                |               |                           |  |
|   |              |                      |                |                      |            |                |               |                           |  |
|   |              |                      | <mark></mark>  |                      | ·····      |                | ····-         |                           |  |
|   |              |                      | <mark>.</mark> |                      |            |                |               |                           |  |
|   |              |                      |                |                      |            |                |               |                           |  |
|   |              |                      |                |                      |            |                |               |                           |  |
|   |              |                      | •              |                      |            | ++             | ·····         |                           |  |
| Total DSEs  |              |                      | 0.00           | Total DSEs           |            |                | 0.00          |                           |  |
| Gross Receipts Third  | Group        | \$                   | 0.00           | Gross Receipts Fou   | irth Group | \$             | 0.00          |                           |  |
|   |              | <u>.</u>             |                |                      |            | · ·            |               |                           |  |
| Base Rate Fee Third   | l Group      | \$                   | 0.00           | Base Rate Fee Fou    | urth Group | \$             | 0.00          |                           |  |
|   |              |                      |                | 11                   |            |                |               |                           |  |
| Base Rate Fee: Add Enter here and in blo                            | the base rat | e fees for each subs | criber group   | as shown in the boxe | es above.  | \$             |               |                           |  |
|   |              | Pace - (page 1)      |                |                      |            | *              |               |                           |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006437 |                                      |                       |             |                      |            |                |      |                           |  |
|---|--------------------------------------|-----------------------|-------------|----------------------|------------|----------------|------|---------------------------|--|
|   |                                      |                       |             | TE FEES FOR EAG      |            |                |      |                           |  |
|   |                                      | SUBSCRIBER GROU       |             |                      |            | SUBSCRIBER GRC |      | 9                         |  |
| COMMUNITY/ AREA   |                                      |                       | 0           | COMMUNITY/ ARE       | :A         |                | 0    | Computation               |  |
| CALL SIGN   | DSE                                  | CALL SIGN             | DSE         | CALL SIGN            | DSE        | CALL SIGN      | DSE  | of                        |  |
|   |                                      |                       |             |                      |            |                |      | Base Rate Fee             |  |
|   |                                      |                       |             |                      |            |                |      | and                       |  |
|   |                                      |                       |             |                      |            |                |      | Syndicated<br>Exclusivity |  |
|   |                                      |                       |             |                      |            |                |      | Surcharge                 |  |
|   |                                      |                       |             |                      |            |                |      | for                       |  |
|   |                                      |                       |             |                      |            |                |      | Partially<br>Distant      |  |
|   |                                      |                       |             |                      |            |                |      | Stations                  |  |
|   |                                      |                       |             |                      |            |                |      |                           |  |
|   | ····                                 |                       |             |                      |            |                |      |                           |  |
|   | <mark></mark>                        |                       |             |                      |            |                |      |                           |  |
|   |                                      |                       |             |                      |            |                |      |                           |  |
|   |                                      |                       |             |                      |            |                |      |                           |  |
| Total DSEs  |                                      |                       | 0.00        | Total DSEs           |            |                | 0.00 |                           |  |
| Gross Receipts First C  | Group                                | \$                    | 0.00        | Gross Receipts Sec   | cond Group | \$             | 0.00 |                           |  |
| Base Rate Fee First C   | Group                                | \$                    | 0.00        | Base Rate Fee Sec    | cond Group | \$             | 0.00 |                           |  |
| SEVE  | NTY-FIRST                            | SUBSCRIBER GRO        | JP          | SEVEN                | NTY-SECOND | SUBSCRIBER GRC | )UP  |                           |  |
| COMMUNITY/ AREA   |                                      |                       | 0           | COMMUNITY/ ARE       |            |                | 0    |                           |  |
| CALL SIGN   | DSE                                  | CALL SIGN             | DSE         | CALL SIGN            | DSE        | CALL SIGN      | DSE  |                           |  |
|   |                                      |                       |             |                      |            |                |      |                           |  |
|   |                                      |                       |             |                      |            |                |      |                           |  |
|   | <mark></mark>                        |                       |             |                      |            |                |      |                           |  |
|   | ···                                  |                       |             |                      |            |                |      |                           |  |
|   |                                      |                       |             |                      |            |                |      |                           |  |
|   |                                      |                       |             |                      | ·····      |                |      |                           |  |
|   |                                      |                       |             |                      |            |                |      |                           |  |
|   |                                      |                       |             |                      |            |                |      |                           |  |
|   |                                      |                       |             |                      |            |                |      |                           |  |
|   | <mark></mark>                        |                       |             |                      |            |                | ···· |                           |  |
|   |                                      |                       |             |                      |            |                |      |                           |  |
| Total DSEs  |                                      |                       | 0.00        | Total DSEs           |            |                | 0.00 |                           |  |
| Gross Receipts Third  | Group                                | \$                    | 0.00        | Gross Receipts Fou   | urth Group | \$             | 0.00 |                           |  |
| Base Rate Fee Third   | Group                                | \$                    | 0.00        | Base Rate Fee Fou    | ırth Group | \$             | 0.00 |                           |  |
| Base Rate Fee: Add t<br>Enter here and in bloc                      | the <b>base rat</b><br>k 3. line 1 s | e fees for each subso | riber group | as shown in the boxe | es above.  | \$             |      |                           |  |
|   |                                      | page 1                |             |                      |            | -              |      |                           |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006437 |                |                  |             |                      |            |                  |      |                   |  |
|---|----------------|------------------|-------------|----------------------|------------|------------------|------|-------------------|--|
| В   | LOCK A: (      | COMPUTATION OF   | BASE RA     | ATE FEES FOR EAG     | CH SUBSCF  | RIBER GROUP      |      |                   |  |
| SEVEN   | TY-THIRD       | SUBSCRIBER GROU  | JP          | SEVEN                | NTY-FOURTH | I SUBSCRIBER GRO | UP   | •                 |  |
| COMMUNITY/ AREA   |                |                  | 0           | COMMUNITY/ ARE       | A          |                  | 0    | 9                 |  |
|   | DOF            |                  |             |                      |            |                  | DOF  | Computatio        |  |
| CALL SIGN   | DSE            | CALL SIGN        | DSE         | CALL SIGN            | DSE        | CALL SIGN        | DSE  | of<br>Base Rate F |  |
|   |                |                  |             | -                    | •••••      |                  |      | and               |  |
|   |                |                  |             | •                    |            | •                |      | Syndicated        |  |
|   |                |                  |             | •                    |            |                  |      | Exclusivity       |  |
|   |                |                  |             | •                    | ·····      |                  |      | Surcharge         |  |
|   |                |                  |             |                      |            |                  |      | for               |  |
|   |                |                  |             |                      |            |                  |      | Partially         |  |
|   |                |                  |             |                      |            |                  |      | Distant           |  |
|   |                |                  |             |                      |            |                  |      | Stations          |  |
|   |                |                  |             |                      |            |                  |      |                   |  |
|   |                |                  |             |                      |            |                  |      |                   |  |
|   |                |                  |             |                      |            |                  |      |                   |  |
|   | <mark></mark>  |                  |             |                      | ·····      |                  |      |                   |  |
|   |                |                  |             | •                    | ·····      |                  |      |                   |  |
|   |                |                  |             |                      |            |                  |      |                   |  |
| Total DSEs  |                |                  | 0.00        | Total DSEs           |            |                  | 0.00 |                   |  |
| Gross Receipts First G  | Group          | \$               | 0.00        | Gross Receipts Sec   | cond Group | \$               | 0.00 |                   |  |
| Base Rate Fee First G   | Group          | \$               | 0.00        | Base Rate Fee Sec    | ond Group  | \$               | 0.00 |                   |  |
| SEVEN   | NTY-FIFTH      | SUBSCRIBER GROU  | JP          | SEV                  | ENTY-SIXT  | I SUBSCRIBER GRO | UP   |                   |  |
| COMMUNITY/ AREA   |                |                  | 0           | COMMUNITY/ ARE       | A          |                  | 0    |                   |  |
| CALL SIGN   | DSE            | CALL SIGN        | DSE         | CALL SIGN            | DSE        | CALL SIGN        | DSE  |                   |  |
|   |                |                  |             | •                    |            | •                |      |                   |  |
|   |                |                  |             | •                    |            |                  |      |                   |  |
|   |                |                  |             |                      |            |                  |      |                   |  |
|   |                |                  |             |                      |            |                  |      |                   |  |
|   |                |                  |             |                      |            |                  |      |                   |  |
|   |                |                  |             |                      |            |                  |      |                   |  |
|   |                |                  |             |                      |            |                  |      |                   |  |
|   |                |                  |             |                      |            |                  |      |                   |  |
|   | <mark></mark>  |                  |             |                      |            | •                |      |                   |  |
|   | <mark></mark>  |                  |             |                      | •••••      | ++               |      |                   |  |
|   | ···            |                  |             | •                    |            |                  |      |                   |  |
|   | <mark></mark>  |                  |             |                      |            | ++               |      |                   |  |
|   |                |                  |             |                      |            |                  |      |                   |  |
| Total DSEs  |                |                  | 0.00        | Total DSEs           |            | _                | 0.00 |                   |  |
| Gross Receipts Third  | Group          | \$               | 0.00        | Gross Receipts Fou   | irth Group | \$               | 0.00 |                   |  |
| -   |                |                  |             |                      |            |                  |      |                   |  |
| Base Rate Fee Third (   | Group          | \$               | 0.00        | Base Rate Fee Fou    | rth Group  | \$               | 0.00 |                   |  |
| Base Rate Fee: Add t  |                |                  | riber group | as shown in the boxe | es above.  |                  |      |                   |  |
| Enter here and in bloc  | k 3, line 1, s | space L (page 7) |             |                      |            | \$               |      |                   |  |

|   | EGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006437 |                |                |                      |            |                   |               |                    |  |  |  |
|---|--|----------------|----------------|----------------------|------------|-------------------|---------------|--------------------|--|--|--|
|   | BLOCK A:   |                | BASE RA        | TE FEES FOR EAC      |            |                   |               |                    |  |  |  |
| SEVENT                                      | Y-SEVENTH  | SUBSCRIBER GRO | UP             | SEVE                 | NTY-EIGHTH | I SUBSCRIBER GROU | JP            | •                  |  |  |  |
| COMMUNITY/ AREA                             | ۹  |                | 0              | COMMUNITY/ ARE       | Α          |                   | 0             | 9                  |  |  |  |
|   | 005  |                | DOF            |                      |            |                   |               | Computation        |  |  |  |
| CALL SIGN                                   | DSE  | CALL SIGN      | DSE            | CALL SIGN            | DSE        | CALL SIGN         | DSE           | of<br>Base Rate Fe |  |  |  |
|   | ·····  |                |                |                      |            |                   |               |                    |  |  |  |
|   | ••••• <mark>•••••</mark> ••••••                                    | -              |                |                      |            |                   | ···•          | and                |  |  |  |
|   |  |                |                |                      |            | +                 | ····          | Syndicated         |  |  |  |
|   |  |                |                |                      |            |                   |               | Exclusivity        |  |  |  |
|   |  |                |                |                      |            |                   |               | Surcharge          |  |  |  |
|   |  |                |                |                      |            |                   |               | for                |  |  |  |
|   |  |                |                |                      |            | 4                 |               | Partially          |  |  |  |
|   |  |                |                |                      |            |                   |               | Distant            |  |  |  |
|   |  |                |                |                      |            |                   |               | Stations           |  |  |  |
|   |  |                |                |                      |            | <b>.</b>          |               |                    |  |  |  |
|   |  |                |                |                      |            |                   |               |                    |  |  |  |
|   |  |                |                |                      |            |                   |               |                    |  |  |  |
|   |  |                |                |                      |            |                   |               |                    |  |  |  |
|   |  |                |                | ][                   |            | ]]                |               |                    |  |  |  |
|   |  |                |                |                      |            |                   |               |                    |  |  |  |
| Total DSEs                                  | ł  |                | 0.00           | Total DSEs           |            | ••                | 0.00          |                    |  |  |  |
| Gross Receipts First                        | Group  | \$             | 0.00           | Gross Receipts Sec   | ond Group  | \$                | 0.00          |                    |  |  |  |
|   | ereap  | · <b>·</b>     |                | 0.000 1.000.00       | ond oroup  | <u> </u>          |               |                    |  |  |  |
| Base Rate Fee First                         | Group  | \$             | 0.00           | Base Rate Fee Sec    | ond Group  | \$                | 0.00          |                    |  |  |  |
| SEVE  | NTY-NINTH  | SUBSCRIBER GRO | UP             |                      | EIGHTIETH  | I SUBSCRIBER GROU | JP            |                    |  |  |  |
| COMMUNITY/ AREA                             | A  |                | 0              | COMMUNITY/ ARE       | Α          |                   | 0             |                    |  |  |  |
| CALL SIGN                                   | DSE  | CALL SIGN      | DSE            | CALL SIGN            | DSE        | CALL SIGN         | DSE           |                    |  |  |  |
|   | ·····  | -              |                |                      |            |                   | ···•          |                    |  |  |  |
|   | ·····  |                |                |                      | •••••      | +                 | ••••          |                    |  |  |  |
|   | ••••• <mark>•••••</mark> ••••••                                    |                |                |                      | •••••      |                   | ····          |                    |  |  |  |
|   | ••••• <mark>•••••</mark> ••••••                                    |                |                |                      | •••••      |                   | ····          |                    |  |  |  |
|   | ·····  |                |                |                      | •••••      | +                 | ••••          |                    |  |  |  |
|   | <mark></mark>  |                |                |                      |            |                   | ···-          |                    |  |  |  |
|   | ••••• <mark>•••••</mark> ••••••                                    |                |                |                      | •••••      |                   | ····          |                    |  |  |  |
|   |  |                | <mark>.</mark> |                      |            |                   | <mark></mark> |                    |  |  |  |
|   |  |                |                |                      |            |                   | <mark></mark> |                    |  |  |  |
|   |  |                |                |                      |            | ++                | <mark></mark> |                    |  |  |  |
|   |  |                |                |                      |            |                   | <mark></mark> |                    |  |  |  |
|   |  |                |                |                      |            |                   | <mark></mark> |                    |  |  |  |
|   |  |                |                |                      |            |                   | <mark></mark> |                    |  |  |  |
|   |  |                |                |                      |            |                   | <mark></mark> |                    |  |  |  |
|   |  |                |                |                      |            |                   |               |                    |  |  |  |
| Total DSEs                                  |  |                | 0.00           | Total DSEs           |            |                   | 0.00          |                    |  |  |  |
| Gross Receipts Third                        | d Group  | \$             | 0.00           | Gross Receipts Fou   | rth Group  | \$                | 0.00          |                    |  |  |  |
|   |  |                |                |                      |            |                   |               |                    |  |  |  |
| Base Rate Fee Third                         | d Group  | \$             | 0.00           | Base Rate Fee Fou    | rth Group  | \$                | 0.00          |                    |  |  |  |
| Base Rate Fee: Add<br>Enter here and in blo |  |                | criber group   | as shown in the boxe | es above.  | \$                |               |                    |  |  |  |
|   | . ,  | · · · · · ·    |                |                      |            |                   |               |                    |  |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006437 |          |                 |             |                      |            |                  |      |                     |  |
|--|----------|-----------------|-------------|----------------------|------------|------------------|------|---------------------|--|
| BL   | OCK A: ( | COMPUTATION OF  | BASE RA     | ATE FEES FOR EAG     | CH SUBSCR  | RIBER GROUP      |      |                     |  |
|  |          | SUBSCRIBER GROU |             |                      |            | SUBSCRIBER GRC   | UP   | ^                   |  |
| COMMUNITY/ AREA  |          |                 | 0           | COMMUNITY/ ARE       | A          |                  | 0    | 9<br>Computation    |  |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN            | DSE        | CALL SIGN        | DSE  | of                  |  |
|  |          |                 |             |                      |            |                  |      | Base Rate Fee       |  |
|  |          |                 |             |                      |            |                  |      | and                 |  |
|  |          | _               |             |                      |            |                  |      | Syndicated          |  |
|  |          |                 |             |                      |            | •                |      | Exclusivity         |  |
|  |          |                 |             |                      |            |                  |      | Surcharge           |  |
|  |          |                 |             |                      |            |                  |      | for                 |  |
|  |          |                 |             |                      | ·····      |                  |      | Partially           |  |
|  |          |                 |             |                      | ·····      |                  |      | Distant<br>Stations |  |
|  |          |                 |             |                      |            | •                |      | Stations            |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            | 1                |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 | [           |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
| Total DSEs   |          |                 | 0.00        | Total DSEs           |            |                  | 0.00 |                     |  |
| Gross Receipts First Gr                                | oup      | \$              | 0.00        | Gross Receipts Sec   | cond Group | \$               | 0.00 |                     |  |
| Base Rate Fee First Gr                                 | oup      | \$              | 0.00        | Base Rate Fee Sec    | cond Group | \$               | 0.00 |                     |  |
|  |          | SUBSCRIBER GROU |             |                      |            | I SUBSCRIBER GRC | •    |                     |  |
| COMMUNITY/ AREA  | 1 IIII(D |                 | 0           | COMMUNITY/ ARE       |            |                  | 0    |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN            | DSE        | CALL SIGN        | DSE  |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            | ++               |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
| Total DSEs   | 1        |                 | 0.00        | Total DSEs           |            |                  | 0.00 |                     |  |
|  |          |                 |             |                      |            |                  |      |                     |  |
| Gross Receipts Third G                                 | roup     | \$              | 0.00        | Gross Receipts Fou   | irth Group | \$               | 0.00 |                     |  |
| Base Rate Fee Third G                                  | roup     | \$              | 0.00        | Base Rate Fee Fou    | irth Group | \$               | 0.00 |                     |  |
|  |          |                 |             | 11                   |            |                  |      |                     |  |
| Base Rate Fee: Add the Enter here and in block         |          |                 | riber group | as shown in the boxe | es above.  | \$               |      |                     |  |

| LEGAL NAME OF OWN<br>CABLE ONE, INC            |               | LE SYSTEM:      |                                    |                             |            | S              | O06437 | Name              |
|--|---------------|-----------------|------------------------------------|-----------------------------|------------|----------------|--------|-------------------|
|  |               |                 |                                    | TE FEES FOR EAG             |            | IBER GROUP     |        |                   |
| EIG  | HTY-FIFTH     | SUBSCRIBER GROU | JP                                 | EI                          | GHTY-SIXTH | SUBSCRIBER GRO | UP     | 0                 |
| COMMUNITY/ AREA 0                              |               |                 | COMMUNITY/ ARE                     | Α                           |            | 0              | 9      |                   |
|  |               |                 |                                    |                             |            |                | 505    | Computatio        |
| CALL SIGN                                      | DSE           | CALL SIGN       | DSE                                | CALL SIGN                   | DSE        | CALL SIGN      | DSE    | of<br>Base Rate F |
|  | •••           |                 |                                    |                             |            | +              |        | and               |
|  |               |                 |                                    |                             |            | •              |        | Syndicated        |
|  |               |                 |                                    |                             |            | •              |        | Exclusivity       |
|  |               |                 |                                    |                             |            | •              |        | Surcharge         |
|  |               |                 |                                    |                             |            |                |        | for               |
|  |               |                 |                                    |                             |            |                |        | Partially         |
|  |               |                 |                                    |                             |            |                |        | Distant           |
|  |               |                 |                                    |                             |            |                |        | Stations          |
|  |               |                 |                                    |                             |            | <br>           |        |                   |
|  | <mark></mark> |                 |                                    |                             |            |                |        |                   |
|  | <mark></mark> |                 |                                    |                             |            |                |        |                   |
|  | ···           |                 |                                    |                             |            | •              |        |                   |
|  | <mark></mark> |                 |                                    |                             |            |                |        |                   |
|  |               |                 |                                    |                             |            |                |        |                   |
| Total DSEs                                     |               |                 | 0.00                               | Total DSEs                  |            |                | 0.00   |                   |
| Gross Receipts First Group \$ 0.00             |               | 0.00            | Gross Receipts Second Group \$ 0.0 |                             |            |                |        |                   |
| Base Rate Fee First C                          | Group         | \$              | 0.00                               | Base Rate Fee Sec           | ond Group  | \$             | 0.00   |                   |
| EIGHTY   | SEVENTH       | SUBSCRIBER GROU | JP                                 | EIG                         | HTY-EIGHTH | SUBSCRIBER GRO | UP     |                   |
| COMMUNITY/ AREA 0                              |               |                 | 0                                  | COMMUNITY/ ARE              |            |                |        |                   |
| CALL SIGN                                      | DSE           | CALL SIGN       | DSE                                | CALL SIGN                   | DSE        | CALL SIGN      | DSE    |                   |
|  |               |                 |                                    |                             |            |                |        |                   |
|  |               |                 |                                    |                             |            |                |        |                   |
|  |               |                 |                                    |                             |            | •              |        |                   |
|  |               |                 |                                    |                             |            |                |        |                   |
|  |               |                 |                                    |                             |            |                |        |                   |
|  |               |                 |                                    |                             |            |                |        |                   |
|  | <mark></mark> |                 |                                    |                             |            |                |        |                   |
|  | <mark></mark> |                 |                                    |                             | ·····      |                |        |                   |
|  | <mark></mark> |                 |                                    |                             | ·····      |                |        |                   |
|  | ••            |                 |                                    |                             |            | +              |        |                   |
|  |               |                 |                                    |                             |            |                |        |                   |
|  |               |                 |                                    |                             |            | 11             |        |                   |
|  |               |                 |                                    | <u> </u>                    |            |                |        |                   |
| Total DSEs                                     |               |                 | 0.00                               | Total DSEs                  |            |                | 0.00   |                   |
| Gross Receipts Third Group                     |               | \$ 0.00         |                                    | Gross Receipts Fourth Group |            | \$ 0.00        |        |                   |
|  |               |                 |                                    |                             |            |                |        |                   |
| Base Rate Fee Third Group                      |               | \$              | 0.00                               | Base Rate Fee Fourth Group  |            | \$ 0.00        |        |                   |
| Pooo Doto Frankall                             | ho <b>h</b>   |                 | vibor eres                         |                             | a above    |                |        |                   |
| Base Rate Fee: Add t<br>Enter here and in bloc |               |                 | riber group                        | as shown in the boxe        | es adove.  | \$             |        |                   |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.               |          | LE SYSTEM:      |             |                            |             | S              | VSTEM ID#<br>006437 | Name                      |
|---|----------|-----------------|-------------|----------------------------|-------------|----------------|---------------------|---------------------------|
|   |          |                 |             | TE FEES FOR EAC            |             |                |                     |                           |
|   | TY-NINTH | SUBSCRIBER GROU |             |                            |             | SUBSCRIBER GRO | UP<br>0             | 9                         |
| COMMUNITY/ AREA 0                                   |          |                 | 0           | COMMUNITY/ ARE/            | Computation |                |                     |                           |
| CALL SIGN   | DSE      | CALL SIGN       | DSE         | CALL SIGN                  | DSE         | CALL SIGN      | DSE                 | of                        |
|   |          |                 |             |                            |             |                |                     | Base Rate Fee             |
|   |          |                 |             |                            |             |                |                     | and                       |
|   |          |                 |             |                            |             | •              |                     | Syndicated<br>Exclusivity |
|   |          |                 |             |                            |             |                |                     | Surcharge                 |
|   |          |                 |             |                            |             |                |                     | for                       |
|   |          |                 |             |                            |             |                |                     | Partially<br>Distant      |
|   |          | -               |             |                            |             |                |                     | Stations                  |
|   |          |                 |             |                            |             |                |                     |                           |
|   |          |                 |             |                            |             |                |                     |                           |
|   |          |                 |             |                            |             |                | ····                |                           |
|   |          |                 |             |                            |             |                |                     |                           |
|   |          |                 |             |                            |             |                |                     |                           |
| Total DSEs  |          |                 | 0.00        | Total DSEs                 |             |                | 0.00                |                           |
| Gross Receipts First G                              | roup     | \$              | 0.00        | Gross Receipts Seco        | ond Group   | \$             | 0.00                |                           |
|   |          |                 |             |                            |             |                |                     |                           |
| Base Rate Fee First G                               | roup     | \$              | 0.00        | Base Rate Fee Seco         | ond Group   | \$             | 0.00                |                           |
|   | TY-FIRST | SUBSCRIBER GROU |             |                            |             | SUBSCRIBER GRO | _                   |                           |
| COMMUNITY/ AREA                                     |          |                 | 0           | COMMUNITY/ ARE/            | Α           |                | 0                   |                           |
| CALL SIGN   | DSE      | CALL SIGN       | DSE         | CALL SIGN                  | DSE         | CALL SIGN      | DSE                 |                           |
|   |          |                 |             |                            | ····        |                |                     |                           |
|   | ·        |                 |             |                            |             |                |                     |                           |
|   |          | -               |             |                            |             |                |                     |                           |
|   |          |                 |             |                            |             |                |                     |                           |
|   |          |                 |             |                            |             |                |                     |                           |
|   |          |                 |             |                            |             | ++             |                     |                           |
|   |          | ]               |             | ]                          |             |                |                     |                           |
|   |          |                 |             |                            |             |                |                     |                           |
|   |          |                 |             |                            | ••••        |                | ····                |                           |
|   |          |                 |             |                            |             |                |                     |                           |
|   |          |                 |             |                            |             |                |                     |                           |
|   |          |                 |             |                            |             |                |                     |                           |
| Total DSEs  |          | 0.00            | Total DSEs  |                            |             | 0.00           |                     |                           |
| Gross Receipts Third Group                          |          | \$              | 0.00        | Gross Receipts Four        | rth Group   | \$             | 0.00                |                           |
| Base Rate Fee Third Group                           |          | \$              | 0.00        | Base Rate Fee Fourth Group |             | \$ 0.00        |                     |                           |
| Base Rate Fee: Add th                               |          |                 | riber group | as shown in the boxes      | s above.    |                |                     |                           |
| Enter here and in block 3, line 1, space L (page 7) |          |                 |             |                            |             | \$             |                     |                           |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.            | R OF CABL | LE SYSTEM:      |             |                                     |                               | S)              | (STEM ID#<br>006437 | Name          |
|--|-----------|-----------------|-------------|-------------------------------------|-------------------------------|-----------------|---------------------|---------------|
| BL   | OCK A: (  | COMPUTATION OF  | BASE RA     | TE FEES FOR EAC                     | HSUBSCR                       | IBER GROUP      |                     |               |
|  |           | SUBSCRIBER GROU |             |                                     |                               | SUBSCRIBER GROU | Р                   |               |
| COMMUNITY/ AREA 0                                |           |                 | 0           | COMMUNITY/ AREA 0                   |                               |                 |                     | 9             |
|  |           |                 | DOF         |                                     |                               |                 |                     | Computation   |
| CALL SIGN  | DSE       | CALL SIGN       | DSE         | CALL SIGN                           | DSE                           | CALL SIGN       | DSE                 | of            |
|  |           |                 |             |                                     |                               |                 | <mark></mark>       | Base Rate Fee |
|  |           |                 |             |                                     |                               |                 |                     | and           |
|  |           |                 |             |                                     |                               | <br>            | <mark></mark>       | Syndicated    |
|  |           |                 |             |                                     |                               |                 |                     | Exclusivity   |
|  |           |                 |             |                                     |                               |                 |                     | Surcharge     |
|  |           |                 |             |                                     |                               |                 |                     | for           |
|  |           |                 |             |                                     |                               |                 |                     | Partially     |
|  |           |                 |             |                                     |                               |                 |                     | Distant       |
|  |           |                 |             | ][                                  |                               |                 |                     | Stations      |
|  |           |                 |             |                                     |                               |                 |                     |               |
|  |           |                 |             |                                     |                               |                 |                     |               |
|  | ·         |                 |             |                                     | •••••                         |                 | <b>.</b>            |               |
|  | ·         |                 |             |                                     | •••• <mark>••••</mark> •••••• |                 | <mark></mark>       |               |
|  |           |                 |             |                                     | <mark></mark>                 |                 | <mark></mark>       |               |
|  |           |                 |             |                                     | <mark></mark>                 |                 | <mark></mark>       |               |
|  |           |                 | l           |                                     |                               |                 |                     |               |
| Total DSEs                                       |           |                 | 0.00        | Total DSEs                          |                               |                 | 0.00                |               |
| Gross Receipts First Gr                          | roup      | \$              | 0.00        | Gross Receipts Second Group \$ 0.00 |                               |                 |                     |               |
| Base Rate Fee First Gr                           | oup       | \$              | 0.00        | Base Rate Fee Seco                  | ond Group                     | \$              | 0.00                |               |
| NINE   | TY-FIFTH  | SUBSCRIBER GROL | JP          | NII                                 | NETY-SIXTH                    | SUBSCRIBER GROU | P                   |               |
| COMMUNITY/ AREA                                  |           |                 | 0           | COMMUNITY/ AREA                     | A                             |                 | 0                   |               |
| CALL SIGN  | DSE       | CALL SIGN       | DSE         | CALL SIGN                           | DSE                           | CALL SIGN       | DSE                 |               |
|  |           |                 |             |                                     |                               |                 | <mark></mark>       |               |
|  |           |                 |             |                                     |                               |                 | <mark></mark>       |               |
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|  |           |                 |             |                                     |                               |                 |                     |               |
|  |           |                 |             |                                     |                               |                 |                     |               |
|  |           |                 |             |                                     |                               |                 |                     |               |
|  |           |                 |             |                                     |                               |                 |                     |               |
|  |           | ]               |             | ][                                  |                               |                 |                     |               |
|  |           |                 |             |                                     |                               |                 |                     |               |
|  |           |                 |             |                                     |                               |                 |                     |               |
| Total DSEs                                       |           |                 | 0.00        | Total DSEs                          |                               |                 | 0.00                |               |
| Gross Receipts Third Group                       |           | \$ 0.00         |             | Gross Receipts Fourth Group \$ 0.00 |                               |                 |                     |               |
|  |           |                 |             |                                     |                               |                 | 0.00                |               |
| Base Rate Fee Third Group                        |           | \$              | 0.00        | Base Rate Fee Fourth Group          |                               | \$ 0.00         |                     |               |
| Base Rate Fee: Add th<br>Enter here and in block |           |                 | riber group | as shown in the boxes               | s above.                      | \$              |                     |               |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006437 |                |                 |             |                      |                 |                  |      |                  |  |
|--|----------------|-----------------|-------------|----------------------|-----------------|------------------|------|------------------|--|
| BI   | LOCK A: (      | COMPUTATION OF  | BASE RA     | TE FEES FOR EAC      |                 | RIBER GROUP      |      |                  |  |
| NINETY-  | SEVENTH        | SUBSCRIBER GROU | JP          | NIN                  | ETY-EIGHTH      | I SUBSCRIBER GRO | UP   | •                |  |
| COMMUNITY/ AREA  |                |                 | 0           | COMMUNITY/ ARE       | MMUNITY/ AREA 0 |                  |      | 9<br>Computation |  |
| CALL SIGN  | DSE            | CALL SIGN       | DSE         | CALL SIGN            | DSE             | CALL SIGN        | DSE  | of               |  |
| CALL SIGN  | DSE            | CALL SIGN       | DSE         | CALL SIGN            | DSE             | CALL SIGN        | DSE  | Base Rate Fee    |  |
|  |                |                 |             |                      |                 |                  |      | and              |  |
|  |                |                 |             |                      |                 |                  |      | Syndicated       |  |
|  | •              |                 |             |                      |                 | •                |      | Exclusivity      |  |
|  |                |                 |             |                      |                 |                  |      | Surcharge        |  |
|  |                |                 |             |                      |                 | •                |      | for              |  |
|  |                | -               |             |                      |                 |                  |      | Partially        |  |
|  |                |                 |             |                      |                 |                  |      | Distant          |  |
|  |                |                 |             |                      |                 |                  |      | Stations         |  |
|  |                |                 |             |                      |                 |                  |      | otationo         |  |
|  | <b>.</b>       |                 |             |                      |                 |                  |      |                  |  |
|  |                |                 |             |                      |                 | •                |      |                  |  |
|  | ••••••         |                 |             |                      |                 | •                |      |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
| Total DSEs   | <u> </u>       |                 | 0.00        | Total DSEs           |                 | <u>.</u>         | 0.00 |                  |  |
|  |                |                 | 0.00        | Gross Receipts Sec   | ond Group       | \$               | 0.00 |                  |  |
| · · · · · · · · · · · · · · · · · · ·  |                |                 |             |                      |                 |                  |      |                  |  |
| Base Rate Fee First G  |                | \$              | 0.00        | Base Rate Fee Sec    |                 | \$               | 0.00 |                  |  |
| NINE   | TY-NINTH       | SUBSCRIBER GROU | JP          | ONE H                | HUNDREDTH       | I SUBSCRIBER GRO | UP   |                  |  |
| COMMUNITY/ AREA  |                |                 | 0           | COMMUNITY/ ARE       | A               |                  | 0    |                  |  |
| CALL SIGN  | DSE            | CALL SIGN       | DSE         | CALL SIGN            | DSE             | CALL SIGN        | DSE  |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
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|  | <mark>.</mark> |                 |             |                      |                 |                  |      |                  |  |
|  | <mark>.</mark> |                 |             |                      | <mark></mark>   | •                |      |                  |  |
|  | <mark>.</mark> |                 |             |                      |                 | •                |      |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
| Total DSEs   |                |                 | 0.00        | Total DSEs           |                 |                  | 0.00 |                  |  |
| Gross Receipts Third C   | Group          | \$              | 0.00        | Gross Receipts Fou   | rth Group       | \$               | 0.00 |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
| Base Rate Fee Third G  | Group          | \$              | 0.00        | Base Rate Fee Fou    | rth Group       | \$               | 0.00 |                  |  |
|  |                |                 |             |                      |                 |                  |      |                  |  |
| Base Rate Fee: Add the Enter here and in block                                       |                |                 | riber group | as shown in the boxe | s above.        | \$               |      |                  |  |
|  | ,              | page 1          |             |                      |                 | *                |      |                  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006437 |   |                        |                     |                       |               |                |               |                          |  |
|--|---|------------------------|---------------------|-----------------------|---------------|----------------|---------------|--------------------------|--|
|  |   |                        |                     | ATE FEES FOR EAC      |               |                |               |                          |  |
| ONE HUNDR<br>COMMUNITY/ AREA   | ED FIRST  | SUBSCRIBER GROU        | JP<br><b>0</b>      | ONE HUNDRE            |               | SUBSCRIBER GRO | UP<br>0       | 9                        |  |
|  |   |                        |                     |                       |               |                |               | Computation              |  |
| CALL SIGN  | DSE   | CALL SIGN              | DSE                 | CALL SIGN             | DSE           | CALL SIGN      | DSE           | of<br>Base Rate Fe       |  |
|  |   |                        |                     |                       |               |                |               | and                      |  |
|  | <mark>.</mark>                                    |                        |                     |                       |               |                |               | Syndicated               |  |
|  | ••  |                        |                     |                       |               |                |               | Exclusivity<br>Surcharge |  |
|  |   | -                      |                     |                       |               |                |               | for                      |  |
|  | <mark></mark>                                     |                        |                     |                       |               |                |               | Partially                |  |
|  | <mark></mark>                                     |                        |                     |                       |               |                |               | Distant<br>Stations      |  |
|  |   |                        |                     |                       |               |                |               | otations                 |  |
|  |   | ]                      |                     | ][                    |               |                |               |                          |  |
|  |   |                        |                     |                       | <mark></mark> |                | <mark></mark> |                          |  |
|  | <mark></mark>                                     |                        |                     |                       | <mark></mark> |                |               |                          |  |
|  |   | •                      |                     |                       |               |                |               |                          |  |
| Total DSEs   |   | _                      | 0.00                | Total DSEs            |               |                | 0.00          |                          |  |
| Gross Receipts First Group \$ 0.00   |   | 0.00                   | Gross Receipts Seco | nd Group              | \$            | 0.00           |               |                          |  |
| <b>Base Rate Fee</b> First G   | roup  | \$                     | 0.00                | Base Rate Fee Seco    | nd Group      | \$             | 0.00          |                          |  |
| ONE HUNDRE   | ED THIRD  | SUBSCRIBER GROU        | JP                  | ONE HUNDRE            | ED FOURTH     | SUBSCRIBER GRO | UP            |                          |  |
| COMMUNITY/ AREA  |   |                        | 0                   | COMMUNITY/ AREA       |               |                |               |                          |  |
| CALL SIGN  | DSE   | CALL SIGN              | DSE                 | CALL SIGN             | DSE           | CALL SIGN      | DSE           |                          |  |
|  |   |                        |                     |                       |               |                |               |                          |  |
|  | <mark></mark>                                     |                        |                     |                       |               |                |               |                          |  |
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|  | •• ••••••   |                        |                     |                       |               |                |               |                          |  |
|  |   |                        |                     |                       |               |                |               |                          |  |
|  |   |                        |                     |                       | <mark></mark> |                | ····          |                          |  |
|  |   |                        |                     |                       | <b></b>       |                | ••••          |                          |  |
|  |   | ]                      |                     |                       |               |                |               |                          |  |
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|  | <mark></mark>                                     |                        |                     |                       | <mark></mark> |                |               |                          |  |
|  |   |                        |                     |                       |               |                |               |                          |  |
| Total DSEs   |   |                        | 0.00                | Total DSEs            |               |                | 0.00          |                          |  |
| Gross Receipts Third C   | Group   | \$                     | 0.00                | Gross Receipts Fourt  | th Group      | \$             | 0.00          |                          |  |
| Base Rate Fee Third G  | Group   | \$                     | 0.00                | Base Rate Fee Fourt   | h Group       | \$             | 0.00          |                          |  |
| Base Rate Fee: Add th  | ne base rat                                       | te fees for each subso | riber group         | as shown in the boxes | above.        |                |               |                          |  |
|  | ter here and in block 3, line 1, space L (page 7) |                        |                     |                       |               | \$             |               |                          |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006437 |                |                  |                    |                      |               |                  |               |                      |  |
|---|----------------|------------------|--------------------|----------------------|---------------|------------------|---------------|----------------------|--|
|   |                |                  |                    | ATE FEES FOR EAC     | CH SUBSCF     |                  |               |                      |  |
|   | ED FIFTH       | SUBSCRIBER GROU  |                    |                      |               | I SUBSCRIBER GRO |               | 9                    |  |
| COMMUNITY/ AREA   |                |                  | 0                  | COMMUNITY/ ARE       | Α             |                  | 0             | -                    |  |
| CALL SIGN   | DSE            | CALL SIGN        | DSE                | CALL SIGN            | DSE           | CALL SIGN        | DSE           | Computation<br>of    |  |
| CALL SIGN   | DOL            | CALL SIGN        | DOL                |                      | DOL           |                  | DOL           | Base Rate Fe         |  |
|   |                |                  | · ·····            |                      |               |                  |               | and                  |  |
|   |                |                  |                    |                      |               |                  |               | Syndicated           |  |
|   |                |                  |                    |                      |               |                  |               | Exclusivity          |  |
|   |                |                  |                    |                      |               |                  |               | Surcharge            |  |
|   | <mark></mark>  |                  |                    |                      |               |                  |               | for                  |  |
|   | <mark></mark>  |                  |                    |                      | ·····         |                  |               | Partially<br>Distant |  |
|   |                |                  |                    |                      | ····          |                  | •••••         | Stations             |  |
|   |                |                  |                    |                      |               |                  |               | otations             |  |
|   |                |                  |                    |                      |               |                  |               |                      |  |
|   |                |                  |                    |                      |               | Ţ                |               |                      |  |
|   |                |                  |                    |                      |               |                  |               |                      |  |
|   | <mark></mark>  |                  |                    |                      |               |                  |               |                      |  |
|   |                |                  | ļ                  |                      |               |                  |               |                      |  |
| Total DSEs  |                |                  | 0.00               | Total DSEs           |               |                  | 0.00          |                      |  |
| Gross Receipts First Group \$ 0.00                                  |                | 0.00             | Gross Receipts Sec | ond Group            | \$            | 0.00             |               |                      |  |
| <b>Base Rate Fee</b> First G  | iroup          | \$               | 0.00               | Base Rate Fee Sec    | ond Group     | \$               | 0.00          |                      |  |
| ONE HUNDRED   | SEVENTH        | SUBSCRIBER GROU  | JP                 | ONE HUND             | RED EIGHTH    | I SUBSCRIBER GRO | UP            |                      |  |
| COMMUNITY/ AREA   |                |                  | 0                  | COMMUNITY/ ARE       | Α             |                  | 0             |                      |  |
| CALL SIGN   | DSE            | CALL SIGN        | DSE                | CALL SIGN            | DSE           | CALL SIGN        | DSE           |                      |  |
|   | <mark></mark>  |                  |                    |                      | ·····         |                  |               |                      |  |
|   | ··             |                  | ·                  |                      |               | ++               |               |                      |  |
|   |                |                  |                    |                      |               |                  |               |                      |  |
|   |                |                  |                    |                      |               |                  |               |                      |  |
|   |                |                  |                    |                      |               |                  |               |                      |  |
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|   | <mark></mark>  |                  | <b>.</b>           |                      |               | +                |               |                      |  |
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|   |                |                  |                    |                      |               |                  |               |                      |  |
| Total DSEs  |                |                  | 0.00               | Total DSEs           |               |                  | 0.00          |                      |  |
| Gross Receipts Third (  | Group          | \$               | 0.00               | Gross Receipts Fou   | rth Group     | \$               | 0.00          |                      |  |
| Base Rate Fee Third (   | Group          | \$               | 0.00               | Base Rate Fee Fou    | rth Group     | \$               | 0.00          |                      |  |
| Base Rate Fee: Add th   |                |                  | criber group       | as shown in the boxe | s above.      |                  |               |                      |  |
| Enter here and in block   | k 3, line 1, s | space L (page 7) |                    |                      |               | \$               |               |                      |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006437 |                                  |                        |              |                       |           |                  |       |                     |  |
|---|----------------------------------|------------------------|--------------|-----------------------|-----------|------------------|-------|---------------------|--|
|   |                                  |                        |              | ATE FEES FOR EAC      |           | RIBER GROUP      |       |                     |  |
| ONE HUND  | RED NINTH                        | SUBSCRIBER GRO         | UP           | ONE HUND              | RED TENTH | I SUBSCRIBER GRO | UP    | 0                   |  |
| COMMUNITY/ AREA   | <i></i>                          |                        | 0            | COMMUNITY/ ARE        | Α         |                  | 0     | 9                   |  |
|   |                                  |                        |              |                       |           |                  | DOE   | Computation         |  |
| CALL SIGN   | DSE                              | CALL SIGN              | DSE          | CALL SIGN             | DSE       | CALL SIGN        | DSE   | of<br>Base Rate Fe  |  |
|   |                                  |                        |              |                       |           |                  | ••••• | and                 |  |
|   |                                  |                        |              |                       |           |                  |       | Syndicated          |  |
|   |                                  |                        |              |                       |           |                  |       | Exclusivity         |  |
|   |                                  | -                      |              |                       |           |                  |       | Surcharge           |  |
|   |                                  |                        |              |                       |           |                  |       | for                 |  |
|   |                                  |                        |              |                       |           |                  | ····· | Partially           |  |
|   |                                  |                        |              |                       |           | •                |       | Distant<br>Stations |  |
|   |                                  |                        |              |                       |           |                  |       | Stations            |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
| Total DSEs  |                                  |                        | 0.00         | Total DSEs            |           |                  | 0.00  |                     |  |
| Gross Receipts First Group \$ 0.00                                  |                                  |                        | 0.00         | Gross Receipts Sec    | ond Group | \$               | 0.00  |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
| Base Rate Fee First   | Group                            | \$                     | 0.00         | Base Rate Fee Sec     | ond Group | \$               | 0.00  |                     |  |
| ONE HUNDRED   | ELEVENTH                         | SUBSCRIBER GRO         | UP           | ONE HUNDRE            | D TWELVTH | I SUBSCRIBER GRO | UP    |                     |  |
| COMMUNITY/ AREA   | •                                |                        | 0            | COMMUNITY/ ARE        |           |                  |       |                     |  |
| CALL SIGN   | DSE                              | CALL SIGN              | DSE          | CALL SIGN             | DSE       | CALL SIGN        | DSE   |                     |  |
|   | ••••• <mark>•••••</mark> ••••••• |                        |              | •                     |           |                  |       |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
|   | <mark></mark>                    |                        |              |                       |           |                  | ••••• |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
| [   |                                  |                        |              |                       |           |                  |       |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
|   |                                  |                        |              |                       |           |                  | ····· |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
| Total DSEs  |                                  |                        | 0.00         | Total DSEs            |           |                  | 0.00  |                     |  |
| Gross Receipts Third  | I Group                          | \$                     | 0.00         | Gross Receipts Fou    | rth Group | \$               | 0.00  |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
| Base Rate Fee Third   | I Group                          | \$                     | 0.00         | Base Rate Fee Fou     | rth Group | \$               | 0.00  |                     |  |
|   |                                  |                        |              |                       |           |                  |       |                     |  |
| Baca Bata East Add  | the bees                         | to food for each arity | oribor arour | as shown in the house |           |                  |       |                     |  |
| Enter here and in blo   |                                  |                        | cinei group  | as shown in the boxe  | s above.  | \$               |       |                     |  |
| 1   | ,                                |                        |              |                       |           |                  |       |                     |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006437 |               |                 |              |                      |           |                                       |      |                         |  |
|--|---------------|-----------------|--------------|----------------------|-----------|---------------------------------------|------|-------------------------|--|
|  |               |                 |              | ATE FEES FOR EAG     |           | RIBER GROUP                           |      |                         |  |
| ONE HUNDRED THI  | RTEENTH       | SUBSCRIBER GROU | JP           | ONE HUNDRED FO       | OURTEENTH | I SUBSCRIBER GRO                      | UP   | ٥                       |  |
| COMMUNITY/ AREA  |               |                 | 0            | COMMUNITY/ ARE       | A         |                                       | 0    | <b>9</b><br>Computation |  |
| CALL SIGN  | DSE           | CALL SIGN       | DSE          | CALL SIGN            | DSE       | CALL SIGN                             | DSE  | of                      |  |
|  |               |                 |              |                      |           |                                       |      | Base Rate Fee           |  |
|  |               |                 |              |                      |           |                                       |      | and                     |  |
|  |               |                 |              |                      |           |                                       |      | Syndicated              |  |
|  |               |                 |              |                      |           |                                       |      | Exclusivity             |  |
|  |               |                 |              |                      |           |                                       |      | Surcharge               |  |
|  |               |                 |              |                      |           |                                       |      | for                     |  |
|  |               |                 |              |                      |           |                                       |      | Partially               |  |
|  |               |                 |              |                      |           |                                       |      | Distant                 |  |
|  |               |                 |              |                      |           |                                       |      | Stations                |  |
|  |               |                 |              | •                    |           | ·                                     |      |                         |  |
|  | <mark></mark> |                 | ·            |                      |           |                                       |      |                         |  |
|  | <mark></mark> |                 | <b>.</b>     |                      |           | •                                     |      |                         |  |
|  |               |                 |              |                      |           |                                       |      |                         |  |
|  |               |                 |              |                      |           |                                       |      |                         |  |
| Total DSEs   |               | ·               | 0.00         | Total DSEs           | •         |                                       | 0.00 |                         |  |
| Gross Receipts First Group \$ 0.00                     |               |                 | 0.00         | Gross Receipts Sec   | ond Group | \$                                    | 0.00 |                         |  |
|  |               |                 |              |                      |           |                                       |      |                         |  |
| Base Rate Fee First G                                  | iroup         | \$              | 0.00         | Base Rate Fee Sec    | ond Group | \$                                    | 0.00 |                         |  |
| ONE HUNDRED FI   | FTEENTH       | SUBSCRIBER GROU | JP           | ONE HUNDRED          | SIXTEENTH | I SUBSCRIBER GRO                      | UP   |                         |  |
| COMMUNITY/ AREA  |               |                 | 0            | COMMUNITY/ ARE       | A         |                                       | 0    |                         |  |
| CALL SIGN  | DSE           | CALL SIGN       | DSE          | CALL SIGN            | DSE       | CALL SIGN                             | DSE  |                         |  |
|  |               |                 |              | •                    |           | •                                     |      |                         |  |
|  |               |                 |              | •                    |           |                                       |      |                         |  |
|  | <mark></mark> |                 |              | •                    |           | •                                     |      |                         |  |
|  |               |                 |              |                      |           |                                       |      |                         |  |
|  |               |                 |              |                      |           |                                       |      |                         |  |
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|  | <mark></mark> |                 |              |                      | •••••     | •                                     |      |                         |  |
|  | <mark></mark> |                 | <b>.</b>     |                      |           | ++                                    |      |                         |  |
|  |               |                 |              |                      |           |                                       |      |                         |  |
| Total DSEs   | 1             |                 | 0.00         | Total DSEs           |           | · · · · · · · · · · · · · · · · · · · | 0.00 |                         |  |
| Gross Receipts Third (                                 | Group         | \$              | 0.00         | Gross Receipts Fou   | rth Group | \$                                    | 0.00 |                         |  |
|  |               | ·               |              |                      |           | ·                                     |      |                         |  |
| Base Rate Fee Third (                                  | Group         | \$              | 0.00         | Base Rate Fee Fou    | rth Group | \$                                    | 0.00 |                         |  |
| Base Rate Fee: Add the Enter here and in block         |               |                 | criber group | as shown in the boxe | es above. | \$                                    |      |                         |  |

L

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006437 |               |                  |             |                       |                |                  |      |                           |  |
|--|---------------|------------------|-------------|-----------------------|----------------|------------------|------|---------------------------|--|
|  |               |                  |             | TE FEES FOR EAC       |                |                  |      |                           |  |
|  | NTEENTH       | SUBSCRIBER GROUP |             | 1                     |                | SUBSCRIBER GROUP |      | 9                         |  |
| COMMUNITY/ AREA  |               |                  | 0           | COMMUNITY/ AREA       | A              |                  | 0    | Computation               |  |
| CALL SIGN  | DSE           | CALL SIGN        | DSE         | CALL SIGN             | DSE            | CALL SIGN        | DSE  | of                        |  |
|  |               |                  |             |                       |                |                  |      | Base Rate Fee             |  |
|  |               |                  |             |                       | <mark>.</mark> |                  |      | and                       |  |
|  |               |                  |             |                       | ····           |                  |      | Syndicated<br>Exclusivity |  |
|  |               |                  |             |                       |                |                  |      | Surcharge                 |  |
|  |               |                  |             |                       |                |                  |      | for                       |  |
|  |               |                  |             |                       |                |                  |      | Partially                 |  |
|  | ·             |                  |             |                       | ····           |                  |      | Distant<br>Stations       |  |
|  |               |                  |             |                       |                |                  |      | otations                  |  |
|  |               |                  |             |                       |                |                  |      |                           |  |
|  |               |                  |             |                       |                | <br>             |      |                           |  |
|  |               |                  |             |                       | <mark>.</mark> |                  |      |                           |  |
|  |               |                  |             |                       | ····           | +                |      |                           |  |
| Total DSEs   | I             |                  | 0.00        | Total DSEs            |                | 11               | 0.00 |                           |  |
| Gross Receipts First Group \$ 0.00   |               |                  |             | Gross Receipts Seco   | and Group      | \$               | 0.00 |                           |  |
|  |               |                  |             |                       |                | *                | 0.00 |                           |  |
| Base Rate Fee First Gr   | roup          | \$               | 0.00        | Base Rate Fee Seco    | ond Group      | \$               | 0.00 |                           |  |
|  | NTEENTH       | SUBSCRIBER GROL  |             | 1                     |                | SUBSCRIBER GRO   |      |                           |  |
| COMMUNITY/ AREA  |               |                  | 0           | COMMUNITY/ AREA       |                |                  | 0    |                           |  |
| CALL SIGN  | DSE           | CALL SIGN        | DSE         | CALL SIGN             | DSE            | CALL SIGN        | DSE  |                           |  |
|  |               |                  |             |                       | ····           |                  |      |                           |  |
|  | ·             |                  |             |                       | ••••           |                  |      |                           |  |
|  |               |                  |             |                       |                |                  |      |                           |  |
|  |               |                  |             |                       |                |                  |      |                           |  |
|  |               |                  |             |                       | <mark></mark>  |                  |      |                           |  |
|  |               |                  |             |                       | ••••           |                  |      |                           |  |
|  |               |                  |             |                       |                |                  |      |                           |  |
|  |               |                  |             |                       |                |                  |      |                           |  |
|  |               |                  |             |                       |                |                  |      |                           |  |
|  |               |                  |             |                       |                |                  |      |                           |  |
|  |               |                  |             |                       |                |                  |      |                           |  |
|  |               |                  |             |                       |                |                  |      |                           |  |
| Total DSEs   |               |                  | 0.00        | Total DSEs            |                |                  | 0.00 |                           |  |
| Gross Receipts Third G   | Group         | \$               | 0.00        | Gross Receipts Four   | th Group       | \$               | 0.00 |                           |  |
| Base Rate Fee Third G  | iroup         | \$               | 0.00        | Base Rate Fee Four    | th Group       | \$               | 0.00 |                           |  |
| Base Rate Fee: Add th  |               |                  | riber group | as shown in the boxes | s above.       | ¢                |      |                           |  |
| Enter here and in block  | J, III C 1, 8 | phace r (hade 1) |             |                       |                | Ψ                |      |                           |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006437 |           |                  |             |                       |            |                    |      |                   |
|--|-----------|------------------|-------------|-----------------------|------------|--------------------|------|-------------------|
|  |           |                  |             | TE FEES FOR EAC       |            |                    |      |                   |
|  | NTY-FIRST | SUBSCRIBER GROUP |             | ONE HUNDRED TWEN      |            | SUBSCRIBER GROUP   | 0    | 9                 |
| COMMUNITY/ AREA  |           |                  | 0           |                       |            |                    |      | Computation       |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN             | DSE        | CALL SIGN          | DSE  | of                |
|  |           |                  |             |                       |            |                    |      | Base Rate Fee     |
|  |           |                  |             |                       | ····       |                    |      | and<br>Syndicated |
|  |           |                  |             |                       |            |                    |      | Exclusivity       |
|  |           |                  |             |                       |            |                    |      | Surcharge         |
|  |           |                  |             |                       |            |                    |      | for<br>Partially  |
|  |           |                  |             |                       |            | +                  |      | Distant           |
|  |           |                  |             |                       |            |                    |      | Stations          |
|  |           |                  |             |                       |            |                    |      |                   |
|  |           |                  |             |                       |            |                    |      |                   |
|  |           |                  |             |                       |            |                    |      |                   |
|  |           |                  |             |                       |            |                    |      |                   |
|  |           |                  |             |                       |            |                    |      |                   |
| Total DSEs   |           |                  | 0.00        | Total DSEs            |            |                    | 0.00 |                   |
| Gross Receipts First G                                 | roup      | \$               | 0.00        | Gross Receipts Seco   | ond Group  | \$                 | 0.00 |                   |
| Base Rate Fee First G                                  | roup      | \$               | 0.00        | Base Rate Fee Seco    | ond Group  | \$                 | 0.00 |                   |
| ONE HUNDRED TWEN                                       | ITY-THIRD | SUBSCRIBER GROUP |             | ONE HUNDRED TWE       | NTY-FOURTH | I SUBSCRIBER GROUP |      |                   |
| COMMUNITY/ AREA  |           |                  | 0           | COMMUNITY/ AREA       | <i>۹</i>   |                    | 0    |                   |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN             | DSE        | CALL SIGN          | DSE  |                   |
|  |           |                  |             |                       | ····       |                    |      |                   |
|  |           |                  |             |                       |            |                    |      |                   |
|  |           |                  |             |                       |            |                    |      |                   |
|  |           |                  |             |                       |            |                    |      |                   |
|  |           |                  |             |                       |            |                    |      |                   |
|  |           |                  |             | ][                    |            |                    |      |                   |
|  |           |                  |             |                       |            |                    |      |                   |
|  |           |                  |             |                       | ••••       |                    |      |                   |
|  |           |                  |             |                       |            |                    |      |                   |
|  |           |                  |             |                       |            |                    |      |                   |
|  |           |                  |             |                       |            | +                  |      |                   |
| Total DSEs   | 1 1       |                  | 0.00        | Total DSEs            |            |                    | 0.00 |                   |
| Gross Receipts Third C                                 | Group     | \$               | 0.00        | Gross Receipts Four   | th Group   | \$                 | 0.00 |                   |
|  |           |                  |             |                       |            |                    |      |                   |
| Base Rate Fee Third G                                  | Group     | \$               | 0.00        | Base Rate Fee Four    | th Group   | \$                 | 0.00 |                   |
|  |           |                  |             |                       |            |                    |      |                   |
| Base Rate Fee: Add the Enter here and in block         |           |                  | riber group | as shown in the boxes | s above.   | \$                 |      |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006437 |   |                              |              |                      |               |                    |       |                    |  |
|---|---|------------------------------|--------------|----------------------|---------------|--------------------|-------|--------------------|--|
| В   | LOCK A: (                               | COMPUTATION OF               | BASE RA      | ATE FEES FOR EAG     | CH SUBSCF     | RIBER GROUP        |       |                    |  |
| ONE HUNDRED TWE   | NTY-FIFTH                               | SUBSCRIBER GROUP             |              | 11                   |               | I SUBSCRIBER GROUP |       | 9                  |  |
| COMMUNITY/ AREA   |   |                              | 0            | COMMUNITY/ ARE       | A             |                    | 0     | -                  |  |
|   |   |                              |              |                      |               |                    |       | Computatio         |  |
| CALL SIGN   | DSE                                     | CALL SIGN                    | DSE          | CALL SIGN            | DSE           | CALL SIGN          | DSE   | of<br>Base Rate Fe |  |
|   | •• ••••••                               |                              |              | -                    |               |                    |       | and                |  |
|   |   | -                            |              |                      | ·····         |                    |       | Syndicated         |  |
|   | ••••••••••••••••••••••••••••••••••••••• |                              |              |                      |               | •                  |       | Exclusivity        |  |
|   |   |                              |              |                      |               |                    |       | Surcharge          |  |
|   |   |                              |              |                      |               |                    |       | for                |  |
|   |   |                              |              |                      |               |                    |       | Partially          |  |
|   |   |                              |              |                      |               |                    |       | Distant            |  |
|   |   |                              |              |                      |               |                    |       | Stations           |  |
|   |   |                              |              |                      |               |                    |       |                    |  |
|   | <mark></mark>                           |                              |              |                      |               |                    |       |                    |  |
|   | <mark></mark>                           |                              |              |                      |               |                    |       |                    |  |
|   | <mark></mark>                           |                              |              |                      |               |                    |       |                    |  |
|   | <mark></mark>                           |                              |              |                      | <mark></mark> |                    | ····· |                    |  |
|   |   |                              |              |                      |               |                    |       |                    |  |
| Total DSEs  |   |                              | 0.00         | Total DSEs           |               |                    | 0.00  |                    |  |
| Gross Receipts First Group \$ 0.00                                  |   |                              | 0.00         | Gross Receipts Sec   | cond Group    | \$                 | 0.00  |                    |  |
| <b>Base Rate Fee</b> First G  | roup                                    | \$                           | 0.00         | Base Rate Fee Sec    | cond Group    | \$                 | 0.00  |                    |  |
| NE HUNDRED TWENTY   | -SEVENTH                                | SUBSCRIBER GROUP             | þ            | ONE HUNDRED TW       | ENTY-EIGHTH   | I SUBSCRIBER GROUP | D     |                    |  |
| COMMUNITY/ AREA   |   |                              | 0            | COMMUNITY/ ARE       | A             |                    | 0     |                    |  |
| CALL SIGN   | DSE                                     | CALL SIGN                    | DSE          | CALL SIGN            | DSE           | CALL SIGN          | DSE   |                    |  |
|   | <mark>.</mark>                          |                              |              |                      |               |                    | ••••• |                    |  |
|   | ••                                      |                              |              |                      |               |                    |       |                    |  |
|   |   | -                            |              |                      |               |                    |       |                    |  |
|   |   |                              |              |                      |               |                    |       |                    |  |
|   |   |                              |              |                      |               |                    |       |                    |  |
|   |   |                              |              |                      |               |                    |       |                    |  |
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|   | ··                                      |                              |              |                      |               |                    |       |                    |  |
|   | ··                                      | •                            |              |                      |               | •                  |       |                    |  |
| Total DSEs  |   |                              | 0.00         | Total DSEs           |               |                    | 0.00  |                    |  |
| Gross Receipts Third (  | Group                                   | \$                           | 0.00         | Gross Receipts Fou   | irth Group    | \$                 | 0.00  |                    |  |
|   |   | <u>.</u>                     |              |                      |               | _ <del>_</del>     |       |                    |  |
| Base Rate Fee Third C   | Group                                   | \$                           | 0.00         | Base Rate Fee Fou    | irth Group    | \$                 | 0.00  |                    |  |
| Base Rate Fee: Add th   | ne base rat                             | <b>te fees</b> for each subs | criber group | as shown in the boxe | es above.     |                    |       |                    |  |
| Enter here and in block   |   |                              | 5 1          |                      |               | \$                 |       |                    |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006437 |                                   |                  |             |                       |               |                  |      |                           |  |
|--|-----------------------------------|------------------|-------------|-----------------------|---------------|------------------|------|---------------------------|--|
|  |                                   |                  | BASE RA     | TE FEES FOR EACH      |               |                  |      |                           |  |
| ONE HUNDRED TWEN                                       | TY-NINTH                          | SUBSCRIBER GROUP |             | 1                     |               | SUBSCRIBER GROUP |      | 9                         |  |
| COMMUNITY/ AREA  |                                   |                  | 0           | COMMUNITY/ AREA       |               |                  | 0    | Computation               |  |
| CALL SIGN  | DSE                               | CALL SIGN        | DSE         | CALL SIGN             | DSE           | CALL SIGN        | DSE  | of                        |  |
|  |                                   |                  |             |                       |               |                  |      | Base Rate Fee             |  |
|  |                                   |                  |             |                       |               |                  |      | and                       |  |
|  |                                   |                  |             |                       | <mark></mark> |                  |      | Syndicated<br>Exclusivity |  |
|  |                                   |                  |             |                       |               |                  |      | Surcharge                 |  |
|  |                                   |                  |             |                       |               |                  |      | for                       |  |
|  |                                   |                  |             |                       |               |                  |      | Partially                 |  |
|  |                                   |                  |             |                       |               |                  |      | Distant<br>Stations       |  |
|  |                                   |                  |             |                       |               |                  |      | Stations                  |  |
|  |                                   |                  |             |                       |               |                  |      |                           |  |
|  |                                   |                  |             |                       |               |                  |      |                           |  |
|  |                                   |                  |             |                       |               |                  |      |                           |  |
|  |                                   |                  |             |                       |               | +                |      |                           |  |
| Total DSEs   | Į                                 |                  | 0.00        | Total DSEs            |               | 11               | 0.00 |                           |  |
| Gross Receipts First Group \$ 0.00                     |                                   |                  |             | Gross Receipts Seco   | nd Group      | \$               | 0.00 |                           |  |
|  | oup                               | •                | 0.00        |                       |               | *                | 0.00 |                           |  |
| Base Rate Fee First Gr                                 | oup                               | \$               | 0.00        | Base Rate Fee Seco    | nd Group      | \$               | 0.00 |                           |  |
|  | RTY-FIRST                         | SUBSCRIBER GROUP |             | 1                     |               | SUBSCRIBER GROUP |      |                           |  |
| COMMUNITY/ AREA  |                                   |                  | 0           | COMMUNITY/ AREA       |               |                  | 0    |                           |  |
| CALL SIGN  | DSE                               | CALL SIGN        | DSE         | CALL SIGN             | DSE           | CALL SIGN        | DSE  |                           |  |
|  |                                   |                  |             |                       |               |                  |      |                           |  |
|  |                                   |                  |             |                       |               |                  |      |                           |  |
|  |                                   |                  |             |                       |               |                  |      |                           |  |
|  |                                   |                  |             |                       |               |                  |      |                           |  |
|  |                                   |                  |             |                       |               |                  |      |                           |  |
|  |                                   |                  |             |                       | •             |                  |      |                           |  |
|  |                                   | 1                |             | ]                     |               |                  |      |                           |  |
|  |                                   |                  |             |                       |               |                  |      |                           |  |
|  |                                   |                  |             |                       | <mark></mark> |                  |      |                           |  |
|  |                                   |                  |             |                       | •••           |                  |      |                           |  |
|  |                                   |                  |             |                       |               |                  |      |                           |  |
|  |                                   |                  |             |                       |               |                  |      |                           |  |
| Total DSEs   |                                   |                  | 0.00        | Total DSEs            |               |                  | 0.00 |                           |  |
| Gross Receipts Third G                                 | iroup                             | \$               | 0.00        | Gross Receipts Fourt  | h Group       | \$               | 0.00 |                           |  |
| Base Rate Fee Third G                                  | Base Rate Fee Third Group \$ 0.00 |                  |             | Base Rate Fee Fourt   | h Group       | \$               | 0.00 |                           |  |
| Base Rate Fee: Add th<br>Enter here and in block       |                                   |                  | riber group | as shown in the boxes | above.        | \$               |      |                           |  |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |             | E SYSTEM:                          |             |                      |              | S                              | 006437 | Name                 |
|---------------------------------------|-------------|------------------------------------|-------------|----------------------|--------------|--------------------------------|--------|----------------------|
|                                       |             | COMPUTATION OF<br>SUBSCRIBER GROUP | BASE RA     | 1                    |              | IBER GROUP<br>SUBSCRIBER GROUI | 5      |                      |
| COMMUNITY/ AREA                       |             |                                    | 0           | COMMUNITY/ ARE       |              |                                | 0      | 9<br>Computation     |
| CALL SIGN                             | DSE         | CALL SIGN                          | DSE         | CALL SIGN            | DSE          | CALL SIGN                      | DSE    | of                   |
|                                       |             |                                    |             |                      |              |                                |        | Base Rate Fee<br>and |
|                                       |             |                                    |             |                      |              |                                |        | Syndicated           |
|                                       |             |                                    |             |                      |              |                                |        | Exclusivity          |
|                                       |             |                                    |             |                      |              |                                |        | Surcharge<br>for     |
|                                       |             |                                    |             |                      |              |                                |        | Partially            |
|                                       |             |                                    |             |                      |              |                                |        | Distant<br>Stations  |
|                                       |             | -                                  |             |                      |              |                                |        | Stations             |
|                                       |             |                                    |             |                      |              |                                |        |                      |
|                                       |             |                                    |             |                      |              |                                |        |                      |
|                                       |             |                                    |             |                      |              |                                |        |                      |
|                                       |             |                                    |             |                      |              |                                |        |                      |
| Total DSEs                            |             |                                    | 0.00        | Total DSEs           |              |                                | 0.00   |                      |
| Gross Receipts First Group \$ 0.00    |             |                                    |             | Gross Receipts Sec   | ond Group    | \$                             | 0.00   |                      |
| Base Rate Fee First G                 | roup        | \$                                 | 0.00        | Base Rate Fee Sec    | ond Group    | \$                             | 0.00   |                      |
| ONE HUNDRED THIR                      | TY-FIFTH    | SUBSCRIBER GROU                    |             | 11                   |              | SUBSCRIBER GRO                 |        |                      |
| COMMUNITY/ AREA                       |             |                                    | 0           | COMMUNITY/ ARE       | Α            |                                | 0      |                      |
| CALL SIGN                             | DSE         | CALL SIGN                          | DSE         | CALL SIGN            | DSE          | CALL SIGN                      | DSE    |                      |
|                                       |             |                                    |             |                      |              |                                |        |                      |
|                                       |             |                                    |             |                      |              |                                |        |                      |
|                                       |             |                                    |             |                      |              |                                |        |                      |
|                                       |             |                                    |             |                      |              |                                |        |                      |
|                                       |             |                                    |             |                      |              |                                |        |                      |
|                                       |             |                                    |             |                      |              | -                              |        |                      |
|                                       |             | -                                  |             |                      |              |                                |        |                      |
|                                       |             |                                    |             |                      |              |                                |        |                      |
|                                       |             |                                    |             |                      |              |                                |        |                      |
|                                       |             |                                    |             |                      |              |                                |        |                      |
|                                       |             |                                    | 0.00        |                      |              |                                | 0.00   |                      |
| Total DSEs                            |             | •                                  | 0.00        | Total DSEs           | the Original | <u> </u>                       | 0.00   |                      |
| Gross Receipts Third G                | σroup       | \$                                 | 0.00        | Gross Receipts Fou   | nn Group     | \$                             | 0.00   |                      |
| Base Rate Fee Third G                 | Group       | \$                                 | 0.00        | Base Rate Fee Fou    | rth Group    | \$                             | 0.00   |                      |
| Base Rate Fee: Add th                 | ne base rat | e fees for each subse              | riber aroun | as shown in the boxe | s above.     |                                |        |                      |
| Enter here and in block               |             |                                    | 5P          |                      |              | \$                             |        |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006437 |                                   |                  |   |                      |               |                   |                                  |                  |  |
|--|-----------------------------------|------------------|---|----------------------|---------------|-------------------|----------------------------------|------------------|--|
|  | BLOCK A:                          |                  | BASE RA                                 | ATE FEES FOR EAG     | CH SUBSCF     |                   |                                  |                  |  |
| ONE HUNDRED THIR   |                                   | SUBSCRIBER GROUI |   | 1                    |               | H SUBSCRIBER GROU | Р                                | •                |  |
| COMMUNITY/ ARE   | Α                                 |                  | 0                                       | COMMUNITY/ ARE       | Α             |                   | 0                                | 9<br>Computation |  |
| CALL SIGN  | DSE                               | CALL SIGN        | DSE                                     | CALL SIGN            | DSE           | CALL SIGN         | DSE                              | of               |  |
| -  |                                   |                  |   |                      |               |                   |                                  | Base Rate Fe     |  |
|  |                                   |                  |   |                      |               |                   |                                  | and              |  |
|  |                                   |                  |   |                      |               |                   |                                  | Syndicated       |  |
|  |                                   |                  |   |                      |               |                   |                                  | Exclusivity      |  |
|  |                                   |                  |   |                      |               |                   |                                  | Surcharge        |  |
|  |                                   |                  |   |                      |               |                   |                                  | for              |  |
|  |                                   | -                | <mark></mark>                           |                      |               | •                 |                                  | Partially        |  |
|  |                                   |                  |   |                      |               | •                 |                                  | Distant          |  |
|  | ·····                             |                  | <mark>.</mark>                          |                      |               | •                 | ·····                            | Stations         |  |
|  | ·····                             |                  |   | •                    |               | •                 | ·····                            |                  |  |
|  | ·····                             |                  |   | •                    | ••••••        | •                 | ·····                            |                  |  |
|  | •••••                             |                  | <mark>.</mark>                          |                      |               |                   | ·····                            |                  |  |
|  |                                   |                  | ··                                      |                      |               |                   |                                  |                  |  |
|  |                                   |                  | ···                                     | •                    |               |                   |                                  |                  |  |
|  |                                   | 11               |   |                      | ļ             | 11                | 0.00                             |                  |  |
| Total DSEs   |                                   |                  | 0.00                                    | Total DSEs           |               |                   | 0.00                             |                  |  |
| Gross Receipts First Group \$ 0.00   |                                   |                  | 0.00                                    | Gross Receipts Sec   | cond Group    | \$                | 0.00                             |                  |  |
| Base Rate Fee Firs   | t Group                           | \$               | 0.00                                    | Base Rate Fee Sec    | cond Group    | \$                | 0.00                             |                  |  |
| ONE HUNDRED TH   | IIRTY-NINTH                       | SUBSCRIBER GRO   | UP                                      | ONE HUNDRE           | D FORTIETH    | SUBSCRIBER GRC    | UP                               |                  |  |
| COMMUNITY/ ARE   | A                                 |                  | 0                                       | COMMUNITY/ ARE       | Α             |                   | 0                                |                  |  |
| CALL SIGN  | DSE                               | CALL SIGN        | DSE                                     | CALL SIGN            | DSE           | CALL SIGN         | DSE                              |                  |  |
|  |                                   |                  | <mark>.</mark>                          |                      |               | •                 |                                  |                  |  |
|  |                                   |                  | ••••••••••••••••••••••••••••••••••••••• |                      |               | •                 |                                  |                  |  |
|  |                                   |                  |   | •                    |               |                   |                                  |                  |  |
|  |                                   |                  |   |                      |               |                   |                                  |                  |  |
|  |                                   |                  |   |                      |               |                   |                                  |                  |  |
|  |                                   |                  |   |                      |               |                   |                                  |                  |  |
|  |                                   |                  |   |                      |               |                   |                                  |                  |  |
|  |                                   |                  |   |                      |               |                   |                                  |                  |  |
|  | <mark></mark>                     |                  | <mark></mark>                           |                      | <mark></mark> |                   | <mark></mark>                    |                  |  |
|  | ·····                             |                  | <mark></mark>                           |                      | <mark></mark> |                   | ••••• <mark>•••••</mark> ••••••• |                  |  |
|  | ••••••                            |                  | <mark></mark>                           |                      | <mark></mark> | •                 |                                  |                  |  |
|  | ••••••                            |                  | <mark></mark>                           | •                    |               | ••••              | •••••                            |                  |  |
|  |                                   |                  |   |                      |               |                   |                                  |                  |  |
| Total DSEs   |                                   | ·····            | 0.00                                    | Total DSEs           |               |                   | 0.00                             |                  |  |
| Gross Receipts Thir  | d Group                           | \$               | 0.00                                    | Gross Receipts Fou   | urth Group    | \$                | 0.00                             |                  |  |
|  |                                   | ·                |   |                      |               | <u>.</u>          |                                  |                  |  |
| Base Rate Fee Thir   | Base Rate Fee Third Group \$ 0.00 |                  |   | Base Rate Fee Fou    | ırth Group    | \$                | 0.00                             |                  |  |
|  | -1 41 •                           |                  | il                                      | H                    |               |                   |                                  |                  |  |
| Base Rate Fee: Add<br>Enter here and in bl   |                                   |                  | criber group                            | as shown in the boxe | es above.     | \$                |                                  |                  |  |
|  |                                   |                  |   |                      |               |                   |                                  |                  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006437 |           |                  |             |                                    |               |                  |               |                          |  |
|--|-----------|------------------|-------------|------------------------------------|---------------|------------------|---------------|--------------------------|--|
|  |           |                  | BASE RA     | TE FEES FOR EACH                   |               |                  |               |                          |  |
| ONE HUNDRED FOR<br>COMMUNITY/ AREA                     | RIY-FIRST | SUBSCRIBER GROUP | 0           | ONE HUNDRED FOR<br>COMMUNITY/ AREA |               | SUBSCRIBER GROUP | ٥<br>٥        | 9                        |  |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN                          | DSE           | CALL SIGN        | DSE           | Computation<br>of        |  |
| CALL SIGN  | DSE       | CALL SIGN        | DGE         | CALL SIGN                          | DSE           | CALL SIGN        | DSE           | Base Rate Fee            |  |
|  |           |                  |             |                                    |               |                  |               | and                      |  |
|  |           |                  |             |                                    |               |                  |               | Syndicated               |  |
|  |           |                  |             |                                    | ···           |                  |               | Exclusivity<br>Surcharge |  |
|  |           |                  |             |                                    |               |                  |               | for                      |  |
|  |           |                  |             |                                    |               |                  |               | Partially                |  |
|  |           |                  |             |                                    |               |                  |               | Distant<br>Stations      |  |
|  |           | -                |             |                                    |               |                  |               | ••••••                   |  |
|  |           |                  |             |                                    |               |                  |               |                          |  |
|  |           |                  |             |                                    |               |                  |               |                          |  |
|  |           |                  |             |                                    |               | +                |               |                          |  |
|  |           |                  |             |                                    |               |                  |               |                          |  |
| Total DSEs   |           |                  | 0.00        | Total DSEs                         |               |                  | 0.00          |                          |  |
| Gross Receipts First Group \$ 0.00                     |           |                  |             | Gross Receipts Seco                | nd Group      | \$               | 0.00          |                          |  |
| Base Rate Fee First Gr                                 | roup      | \$               | 0.00        | Base Rate Fee Seco                 | nd Group      | \$               | 0.00          |                          |  |
| ONE HUNDRED FOR  | TY-THIRD  | SUBSCRIBER GROUP |             | ONE HUNDRED FOR                    | RTY-FOURTH    | SUBSCRIBER GROUF | 5             |                          |  |
| COMMUNITY/ AREA  |           |                  | 0           | COMMUNITY/ AREA                    |               |                  | 0             |                          |  |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN                          | DSE           | CALL SIGN        | DSE           |                          |  |
|  |           |                  |             |                                    |               |                  |               |                          |  |
|  |           |                  |             |                                    |               |                  |               |                          |  |
|  |           |                  |             |                                    |               |                  |               |                          |  |
|  |           |                  |             |                                    |               |                  |               |                          |  |
|  |           |                  |             |                                    |               |                  |               |                          |  |
|  |           |                  |             |                                    |               |                  |               |                          |  |
|  |           |                  |             |                                    | <mark></mark> |                  |               |                          |  |
|  |           |                  |             |                                    |               |                  |               |                          |  |
|  |           |                  |             |                                    |               |                  |               |                          |  |
|  |           |                  |             |                                    |               |                  | <mark></mark> |                          |  |
|  |           |                  |             |                                    |               | +                |               |                          |  |
| Total DSEs   |           |                  | 0.00        | Total DSEs                         |               |                  | 0.00          |                          |  |
| Gross Receipts Third G                                 | Group     | \$               | 0.00        | Gross Receipts Fourt               | h Group       | \$               | 0.00          |                          |  |
| Base Rate Fee Third Group \$ 0.00                      |           |                  | 0.00        | Base Rate Fee Fourt                | h Group       | \$               | 0.00          |                          |  |
| Base Rate Fee: Add th<br>Enter here and in block       |           |                  | riber group | as shown in the boxes              | above.        | \$               |               |                          |  |

| LEGAL NAME OF OW<br>CABLE ONE, IN           |  | LE SYSTEM:                                       |               |                      |           | 5                 | 6YSTEM ID#<br>006437 | Name                      |
|---|--|--|---------------|----------------------|-----------|-------------------|----------------------|---------------------------|
|   |  |  |               | ATE FEES FOR EAC     |           | IBER GROUP        |                      |                           |
|   |  | SUBSCRIBER GROUI                                 |               | 11                   |           | SUBSCRIBER GROU   |                      | 9                         |
| COMMUNITY/ ARE/                             | A  |  | 0             | COMMUNITY/ ARE       | Α         |                   | 0                    | Computation               |
| CALL SIGN                                   | DSE  | CALL SIGN  | DSE           | CALL SIGN            | DSE       | CALL SIGN         | DSE                  | of                        |
|   |  |  |               |                      |           |                   |                      | Base Rate Fee             |
|   |  |  |               |                      |           |                   |                      | and                       |
|   |  |  |               |                      |           |                   |                      | Syndicated<br>Exclusivity |
|   |  |  | ··            |                      |           |                   |                      | Surcharge                 |
|   |  |  |               |                      |           |                   |                      | for                       |
|   |  |  |               |                      |           |                   |                      | Partially                 |
|   |  |  |               |                      | ·····     |                   |                      | Distant                   |
|   |  |  |               |                      |           |                   |                      | Stations                  |
|   |  |  |               |                      |           |                   |                      |                           |
|   |  |  |               |                      |           |                   |                      |                           |
|   |  |  | <mark></mark> |                      |           |                   |                      |                           |
|   |  |  |               |                      |           |                   | ·····                |                           |
|   |  | 11   | 0.00          |                      |           | 11                | 0.00                 |                           |
| Total DSEs                                  |  |  | 0.00          | Total DSEs           |           |                   | 0.00                 |                           |
| Gross Receipts First                        | t Group                                    | \$   | 0.00          | Gross Receipts Sec   | ond Group | \$                | 0.00                 |                           |
|   |  |  |               |                      |           |                   |                      |                           |
| Base Rate Fee First                         |  | \$   | 0.00          | Base Rate Fee Sec    |           | \$                | 0.00                 |                           |
|   |  | SUBSCRIBER GROUI                                 | <u> </u>      |                      |           | I SUBSCRIBER GROU | P 0                  |                           |
| COMMUNITY/ ARE/                             | A  |  | U             | COMMUNITY/ ARE       | A         |                   |                      |                           |
| CALL SIGN                                   | DSE  | CALL SIGN  | DSE           | CALL SIGN            | DSE       | CALL SIGN         | DSE                  |                           |
|   |  |  |               |                      |           |                   |                      |                           |
|   |  |  | <mark></mark> |                      |           |                   |                      |                           |
|   |  | -  | <b></b>       |                      |           |                   |                      |                           |
|   |  |  |               |                      |           |                   |                      |                           |
|   |  |  |               |                      |           |                   |                      |                           |
|   |  |  |               |                      |           |                   |                      |                           |
|   |  |  |               |                      |           | •                 |                      |                           |
|   |  |  |               |                      |           |                   |                      |                           |
|   |  |  |               |                      |           |                   |                      |                           |
|   |  |  | <mark></mark> |                      |           |                   |                      |                           |
|   |  | -  | <mark></mark> |                      |           | ++                |                      |                           |
|   |  |  | <b></b>       |                      |           | •                 |                      |                           |
| Total DSEs                                  |  |  | 0.00          | Total DSEs           |           |                   | 0.00                 |                           |
| Gross Receipts Third                        | d Group                                    | \$   | 0.00          | Gross Receipts Fou   | rth Group | \$                | 0.00                 |                           |
|   |  |  |               |                      |           |                   |                      |                           |
| Base Rate Fee Third                         | d Group                                    | \$   | 0.00          | Base Rate Fee Fou    | rth Group | \$                | 0.00                 |                           |
|   |  |  |               |                      |           |                   |                      |                           |
| Base Rate Fee: Add<br>Enter here and in blo | d the <b>base ra</b> t<br>ock 3, line 1, s | <b>te fees</b> for each subs<br>space L (page 7) | criber group  | as shown in the boxe | es above. | \$                |                      |                           |
|   | ,,   |  |               |                      |           |                   |                      |                           |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |            | LE SYSTEM:            |                |   |           | S              | O06437  | Name                |
|---------------------------------------|------------|-----------------------|----------------|---|-----------|----------------|---------|---------------------|
|                                       |            |                       |                | TE FEES FOR EAC   |           |                |         |                     |
| ONE HUNDRED FOR<br>COMMUNITY/ AREA    |            | SUBSCRIBER GROU       | лр<br><b>О</b> | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 |           |                |         | 9                   |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE            | CALL SIGN   | DSE       | CALL SIGN      | DSE     | Computation<br>of   |
|                                       |            |                       |                |   |           |                |         | Base Rate Fee       |
|                                       |            |                       |                |   |           |                |         | and<br>Syndicated   |
|                                       |            |                       |                |   |           |                |         | Exclusivity         |
|                                       |            |                       |                |   | ····      |                | ····    | Surcharge<br>for    |
|                                       |            |                       |                |   |           |                |         | Partially           |
|                                       |            |                       |                |   |           |                |         | Distant<br>Stations |
|                                       |            |                       |                |   |           |                |         |                     |
|                                       |            |                       |                |   |           |                |         |                     |
|                                       |            |                       |                |   |           |                |         |                     |
|                                       |            |                       |                |   |           |                |         |                     |
| Total DSEs                            |            |                       | 0.00           | Total DSEs  | •         |                | 0.00    |                     |
| Gross Receipts First G                | roup       | \$                    | 0.00           | Gross Receipts Seco                                     | ond Group | \$             | 0.00    |                     |
|                                       |            |                       |                |   |           |                |         |                     |
| Base Rate Fee First G                 | -          | \$                    | 0.00           | Base Rate Fee Seco                                      |           | \$             | 0.00    |                     |
| ONE HUNDRED FIF                       | TY-FIRST   | SUBSCRIBER GROU       | JP<br>0        | ONE HUNDRED FIF   |           | SUBSCRIBER GRO | UP<br>0 |                     |
|                                       |            |                       |                |   | `<br>     |                |         |                     |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE            | CALL SIGN   | DSE       | CALL SIGN      | DSE     |                     |
|                                       |            |                       |                |   |           |                | ·····   |                     |
|                                       |            |                       |                |   |           |                |         |                     |
|                                       |            |                       |                |   |           |                |         |                     |
|                                       |            |                       |                |   |           |                |         |                     |
|                                       |            |                       |                |   |           | -              |         |                     |
|                                       |            | -                     |                |   |           | -              |         |                     |
|                                       |            |                       |                |   |           |                | ····    |                     |
|                                       |            |                       |                |   |           |                |         |                     |
|                                       |            |                       |                |   |           |                |         |                     |
|                                       |            |                       |                |   |           | •              |         |                     |
| Total DSEs                            |            |                       | 0.00           | Total DSEs  |           |                | 0.00    |                     |
| Gross Receipts Third G                | Group      | \$                    | 0.00           | Gross Receipts Four                                     | th Group  | \$             | 0.00    |                     |
| Base Rate Fee Third G                 | Group      | \$                    | 0.00           | Base Rate Fee Four                                      | th Group  | \$             | 0.00    |                     |
| Base Rate Fee: Add th                 | e hase ref | a foos for each outer | riber group    | II  | above     |                |         |                     |
| Enter here and in block               |            |                       | iisei groop    |   |           | \$             |         |                     |

| LEGAL NAME OF OWN<br>CABLE ONE, INC          |               | LE SYSTEM:     |               |                      |             | S                | 615333333333333333333333333333333333333 | Name                    |
|--|---------------|----------------|---------------|----------------------|-------------|------------------|---|-------------------------|
| E  | BLOCK A: (    | COMPUTATION O  | F BASE RA     | ATE FEES FOR EAG     | CH SUBSCF   |                  |   |                         |
| ONE HUNDRED FI                               | FTY-THIRD     | SUBSCRIBER GRO | UP            | ONE HUNDRED FI       | FTY-FOURTH  | I SUBSCRIBER GRO | )UP                                     | •                       |
| COMMUNITY/ AREA                              |               |                | 0             | COMMUNITY/ ARE       | Α           |                  | 0                                       | <b>9</b><br>Computation |
| CALL SIGN                                    | DSE           | CALL SIGN      | DSE           | CALL SIGN            | DSE         | CALL SIGN        | DSE                                     | of                      |
|  |               |                |               |                      |             |                  |   | Base Rate Fe            |
|  |               |                |               |                      |             |                  |   | and                     |
|  |               |                |               |                      |             |                  |   | Syndicated              |
|  |               |                |               |                      |             |                  |   | Exclusivity             |
|  |               |                |               |                      |             |                  |   | Surcharge               |
|  |               |                |               |                      |             |                  |   | for                     |
|  |               |                |               |                      |             |                  |   | Partially               |
|  |               |                |               |                      |             |                  |   | Distant                 |
|  |               |                |               |                      |             |                  |   | Stations                |
|  |               |                |               |                      |             |                  |   |                         |
|  |               |                |               |                      |             |                  |   |                         |
|  | <mark></mark> |                |               |                      |             |                  |   |                         |
|  | <mark></mark> |                | <mark></mark> |                      |             |                  |   |                         |
|  | <mark></mark> |                |               |                      |             |                  |   |                         |
|  |               |                |               |                      |             |                  |   |                         |
| Total DSEs                                   |               |                | 0.00          | Total DSEs           |             |                  | 0.00                                    |                         |
| Gross Receipts First                         | Group         | \$             | 0.00          | Gross Receipts Sec   | cond Group  | \$               | 0.00                                    |                         |
| Base Rate Fee First (                        | Group         | \$             | 0.00          | Base Rate Fee Sec    | cond Group  | \$               | 0.00                                    |                         |
| ONE HUNDRED FI                               | FTY-FIFTH     | SUBSCRIBER GRO | UP            | ONE HUNDRED          | FIFTY-SIXTH | I SUBSCRIBER GRO | UP                                      |                         |
| COMMUNITY/ AREA                              |               |                | 0             | COMMUNITY/ ARE       | Α           |                  | 0                                       |                         |
| CALL SIGN                                    | DSE           | CALL SIGN      | DSE           | CALL SIGN            | DSE         | CALL SIGN        | DSE                                     |                         |
|  | <mark></mark> |                | <mark></mark> |                      |             |                  |   |                         |
|  |               |                | <mark></mark> | -                    | ·····       |                  |   |                         |
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|  | ····          |                | ······        | •                    |             | ··               |   |                         |
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|  |               |                | <b>.</b>      |                      |             |                  |   |                         |
|  |               |                |               |                      |             |                  |   |                         |
|  |               | ]              |               |                      |             |                  |   |                         |
|  |               |                |               |                      |             |                  |   |                         |
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|  |               |                | <mark></mark> |                      |             |                  |   |                         |
|  |               |                | <mark></mark> |                      |             |                  |   |                         |
|  |               |                |               |                      |             |                  |   |                         |
| Total DSEs                                   |               |                | 0.00          | Total DSEs           |             |                  | 0.00                                    |                         |
| Cross Bossints Third                         | Croup         | ¢              | 0.00          | Cross Bossints Fou   | uth Croup   | ¢                | 0.00                                    |                         |
| Gross Receipts Third                         | Group         | \$             | 0.00          | Gross Receipts Fou   | aran Group  | \$               | 0.00                                    |                         |
| Base Rate Fee Third                          | Group         | \$             | 0.00          | Base Rate Fee Fou    | ırth Group  | \$               | 0.00                                    |                         |
| Base Rate Fee: Add<br>Enter here and in bloc |               |                | criber group  | as shown in the boxe | es above.   | \$               |   |                         |

L

| LEGAL NAME OF OWN      |                     | E SYSTEM:             |             |                      |             | 5               | 6YSTEM ID#<br>006437 | Name              |
|------------------------|---------------------|-----------------------|-------------|----------------------|-------------|-----------------|----------------------|-------------------|
|                        |                     |                       |             | TE FEES FOR EAG      | CH SUBSCR   | IBER GROUP      |                      |                   |
|                        |                     | SUBSCRIBER GROUP      |             | 11                   |             | SUBSCRIBER GROU |                      | 9                 |
| COMMUNITY/ AREA        |                     |                       | 0           | COMMUNITY/ ARE       | A           |                 | 0                    | Computation       |
| CALL SIGN              | DSE                 | CALL SIGN             | DSE         | CALL SIGN            | DSE         | CALL SIGN       | DSE                  | of                |
|                        |                     |                       |             |                      |             |                 |                      | Base Rate Fee     |
|                        |                     |                       |             |                      |             |                 |                      | and<br>Syndicated |
|                        |                     |                       |             |                      |             |                 |                      | Exclusivity       |
|                        |                     |                       |             |                      |             |                 |                      | Surcharge         |
|                        |                     |                       |             |                      |             |                 |                      | for<br>Partially  |
|                        |                     |                       |             |                      | •••••       |                 |                      | Distant           |
|                        |                     |                       |             |                      |             |                 |                      | Stations          |
|                        |                     |                       |             |                      |             |                 |                      |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
| Total DSEs             |                     |                       | 0.00        | Total DSEs           |             |                 | 0.00                 |                   |
| Gross Receipts First ( | Group               | \$                    | 0.00        | Gross Receipts Sec   | cond Group  | \$              | 0.00                 |                   |
| Base Rate Fee First (  | Group               | \$                    | 0.00        | Base Rate Fee Sec    | ond Group   | \$              | 0.00                 |                   |
| ONE HUNDRED FIR        | TY-NINTH            | SUBSCRIBER GROU       | JP          | ONE HUNDR            | ED SIXTIETH | SUBSCRIBER GRO  | OUP                  |                   |
| COMMUNITY/ AREA        |                     |                       | 0           | COMMUNITY/ ARE       | A           |                 | 0                    |                   |
| CALL SIGN              | DSE                 | CALL SIGN             | DSE         | CALL SIGN            | DSE         | CALL SIGN       | DSE                  |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
|                        |                     |                       |             | ]                    |             |                 |                      |                   |
|                        | ···                 |                       |             |                      | ·····       |                 |                      |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
|                        |                     |                       |             |                      |             |                 |                      |                   |
| Total DSEs             |                     |                       | 0.00        | Total DSEs           |             |                 | 0.00                 |                   |
| Gross Receipts Third   | Group               | \$                    | 0.00        | Gross Receipts Fou   | irth Group  | \$              | 0.00                 |                   |
| Base Rate Fee Third    | Group               | \$                    | 0.00        | Base Rate Fee Fou    | rth Group   | \$              | 0.00                 |                   |
| Base Rate Fee: Add t   | the <b>base rat</b> | e fees for each subsc | riber group | as shown in the boxe | es above.   |                 |                      |                   |
| Enter here and in bloc | ж з, line 1, s      | space L (page 7)      |             |                      |             | <b>ې</b>        |                      |                   |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437  |
|---|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                                       | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television mark<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of                       | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee<br>and                    | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commerce  | ial VHF Grade B contour stations listed in block A, part 9 of  |
| Syndicated<br>Exclusivity<br>Surcharge  | <ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter</li> </ul>   | zero.  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul> |  |
|   | 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                                   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   | THIRD SUBSCRIBER GROUP  | FOURTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Ender the Exempt bocs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 2: Either the Exempt DOLD<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | ch subscriber group as shown<br>)  |
|   |   |  |
|   |   |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437  |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television mark<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of                             | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and                          | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commerce   | ial VHE Grade B contour stations listed in block A part 9 of   |
| Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>Step 1: In line 1, give the total DOE's by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> </ul> | r the VHF Grade B contour stations that were classified as zero.   |
| Partially<br>Distant<br>Stations              | Step 4: Compute the surcharge for each subscriber group using the for  |  |
|   | 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>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  |
|   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown<br>)  |
|   |  |  |
|   |  |  |
|   |  |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437  |
|---|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:                                    |  |
| Computation<br>of                             | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee<br>and                          | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commerc   | ial VHE Grade B contour stations listed in block A part 9 of   |
| Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group fo Exempt DSEs in block C, part 7 of this schedule. If none enter</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> </ul> | r the VHF Grade B contour stations that were classified as zero.   |
| Partially<br>Distant<br>Stations              | Step 4: Compute the surcharge for each subscriber group using the fo<br>schedule. In making this computation, use gross receipts figur<br>your actual calculations on this form.  | -  |
|   | NINTH SUBSCRIBER GROUP  | TENTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the V/JE DEE  | Line 1: Enter the VHF DSEs   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|   | ELEVENTH SUBSCRIBER GROUP   | TWELVTH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | ch subscriber group as shown<br>)  |
|   |   |  |
|   |   |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | ORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006437 |
|---|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIE  | SER GROUP                                  |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso com<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as o<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of                             | ☐ First 50 major television market ☐ Second 50 major television market  |  |
| Base Rate Fee<br>and                          | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, p  | part 0 of                                  |
| Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>Step 1. In fine 1, give the total DSEs by subscriber group for commercial VIII Grade B contour stations listed in Dick A, p this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were class Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> </ul> |  |
| Partially<br>Distant<br>Stations              | Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not ne your actual calculations on this form.  |  |
|   | THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER G   | ROUP                                       |
|   |   |  |
|   |   |  |
|   | Line 2: Enter the Exempt DSEs   | <u> </u>                                   |
|   | 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       -         OVUPDOTED EVOLUCIENT       OVUPDOTED EVOLUCIENT   |  |
|   | SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       SURCHARGE         Third Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |  |
|   |   |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437  |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of                             | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and                          | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercia  | al VHE Grade B contour stations listed in block A part 9 of  |
| Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter 3</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of E</li> </ul> | the VHF Grade B contour stations that were classified as zero.   |
| Partially<br>Distant<br>Stations              | Step 4: Compute the surcharge for each subscriber group using the forn schedule. In making this computation, use gross receipts figure your actual calculations on this form.  | -  |
|   | SEVENTEENTH SUBSCRIBER GROUP   | EIGHTEENTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 1: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SURCHARGE<br>First Group   | SURCHARGE<br>Second Group  |
|   | NINEENTH SUBSCRIBER GROUP  | TWENTYTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | h subscriber group as shown  |
|   |  |  |
|   |  |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006437  |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FO  | R EACH SUBSCRIBER GROUP                      |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Pa Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable s by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of                             | First 50 major television market  Second 50 major television   | on market                                    |
| Base Rate Fee<br>and                          | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour sta   | ations listed in block A part 9 of           |
| Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour s Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the statement of the s</li></ul> | stations that were classified as surcharge.  |
| Partially<br>Distant<br>Stations              | Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, see schedule. In making this computation, use gross receipts figures applicable to the particular your actual calculations on this form.  |  |
|   | TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SE  | ECOND SUBSCRIBER GROUP                       |
|   | Line 1: Enter the VHF DSEs   | SEs  |
|   |  | t DSEs                                       |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surchargeLine 3: Subtract line 2 fr<br>and enter here. T<br>total number of D<br>this subscriber group<br>subject to the surcharge   | om line 1<br>This is the<br>DSEs for<br>roup |
|   | SYNDICATED EXCLUSIVITY     SYNDICATED EXCLUSIVITY       SURCHARGE     SURCHARGE       First Group     \$   | IVITY<br>                                    |
|   | TWENTY-THIRD SUBSCRIBER GROUP TWENTY-F0  | OURTH SUBSCRIBER GROUP                       |
|   | Line 1: Enter the VHF DSEs       Line 1: Enter the VHF D         Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt  |  |
|   | 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 I         this subscriber group       this subscriber group         subject to the surcharge       subject to the surcharge         computation       -   | This is the<br>DSEs for<br>Iroup             |
|   | SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSI<br>SURCHARGE SURCHARGE   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as show<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | vn   |
|   |  |  |
|   |  |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437  |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   |  |
| <b>9</b><br>Computation   | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:   | e station is not exempt in Part 7, you mustalso compute a  |
| of  | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee   | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercia  | al VHE Grade R contour stations listed in block A, part 9 of   |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially | this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group for<br>Exempt DSEs in block C, part 7 of this schedule. If none enter<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number of D<br>Step 4: Compute the surcharge for each subscriber group using the for | the VHF Grade B contour stations that were classified as<br>zero.<br>DSEs used to compute the surcharge.<br>mula outlined in block D, section 3 or 4 of part 7 of this |
| Distant<br>Stations   | schedule. In making this computation, use gross receipts figure your actual calculations on this form.   | es applicable to the particular group. You do not need to show   |
|   | TWENTY-FIFTH SUBSCRIBER GROUP  | TWENTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation     |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|   | TWENTY-SEVENTH SUBSCRIBER GROUP  | TWENTY-EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation     |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |  |
|   |  |  |

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006437  |
|--|--|--|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV  |  |
| 9  | If your cable system is located within a top 100 television market and the<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | station is not exempt in Part 7, you mustalso compute a  |
| Computation<br>of                                    | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity    | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercia<br>this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group for t  |  |
| Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 2. In line 2, give the total number of DSEs by subscriber group for a Exempt DSEs in block C, part 7 of this schedule. If none enter z</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of D</li> <li>Step 4: Compute the surcharge for each subscriber group using the form schedule. In making this computation, use gross receipts figures your actual calculations on this form.</li> </ul> | ero.<br>SEs used to compute the surcharge.<br>nula outlined in block D, section 3 or 4 of part 7 of this   |
|  | TWENTY-NINTH SUBSCRIBER GROUP  | THIRTIETH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 2: Line the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   | Line 2: Effer the Exempt DSES Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation                        |
|  | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|  | THIRTY-FIRST SUBSCRIBER GROUP  | THIRTY-SECOND SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Einer the Exchipt DOES:  | Line 2: Effect the Exchipt DOES: .<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7).  | n subscriber group as shown  |
|  |  |  |
|  |  |  |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006437   |  |
|---|--|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9                                       | If your cable system is located within a top 100 television market and the station Syndicated Exclusivity Surcharge. Indicate which major television market any by section 76.5 of FCC rules in effect on June 24, 1981:   |   |  |
| Computation<br>of                       | First 50 major television market Sec   | cond 50 major television market   |  |
| Base Rate Fee<br>and                    | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHI   | F Grade B contour stations listed in block A part 9 of  |  |
| Syndicated<br>Exclusivity<br>Surcharge  | this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the V<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  | /HF Grade B contour stations that were classified as  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |  |
|   | THIRTY-THIRD SUBSCRIBER GROUP  | THIRTY-FOURTH SUBSCRIBER GROUP  |  |
|   | Line 1: Enter the VHF DSEs   | e 1: Enter the VHF DSEs   |  |
|   |  | e 1: Enter the Exempt DSEs  |  |
|   |  | e 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   |  | NDICATED EXCLUSIVITY<br>RCHARGE<br>Second Group   |  |
|   | THIRTY-FIFTH SUBSCRIBER GROUP  | THIRTY-SIXTH SUBSCRIBER GROUP   |  |
|   |  | e 1: Enter the VHF DSEs   |  |
|   | · · · · · · · · · · · · · · · · · · ·  | e 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   |  | NDICATED EXCLUSIVITY<br>RCHARGE<br>Fourth Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each sub<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  | scriber group as shown  |  |
|   |  |   |  |
|   |  |   |  |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437   |
|---|--|---|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                                       | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:   | e station is not exempt in Part 7, you mustalso compute a   |
| Computation                             | First 50 major television market   | Second 50 major television market   |
| of<br>Base Rate Fee                     | INSTRUCTIONS:  |   |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commerce  | al VHF Grade B contour stations listed in block A, part 9 of  |
| Syndicated<br>Exclusivity<br>Surcharge  | Step 2:       In line 2, give the total number of DSEs by subscriber group fo         Exempt DSEs in block C, part 7 of this schedule. If none enter   | zero.   |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |
|   | THIRTY-SEVENTH SUBSCRIBER GROUP  | THIRTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscribes group |
|   | this subscriber group<br>subject to the surcharge<br>computation   | this subscriber group<br>subject to the surcharge<br>computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group   |
|   | THIRTY-NINTH SUBSCRIBER GROUP  | FORTIETH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group |
|   | subject to the surcharge computation   | subject to the surcharge computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | ch subscriber group as shown  |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437   |  |
|---|--|---|--|
|   |  |   |  |
| 9                                       | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP<br>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<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined   |   |  |
| Computation<br>of                       |  | ond 50 major television market  |  |
| Base Rate Fee<br>and                    | INSTRUCTIONS:<br>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   |  |
| Syndicated<br>Exclusivity<br>Surcharge  | this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group for the VH<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  |   |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |  |
|   | FORTY-FIRST SUBSCRIBER GROUP   | FORTY-SECOND SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs   | 1: Enter the VHF DSEs   |  |
|   |  | 2: Enter the Exempt DSEs  |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SURCHARGE SUR  | Second Group  |  |
|   | FORTY-THIRD SUBSCRIBER GROUP   | FORTY-FOURTH SUBSCRIBER GROUP   |  |
|   |  | 1: Enter the VHF DSEs   |  |
|   | · · · · · · · · · · · · · · · · · · ·  | 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   |  | IDICATED EXCLUSIVITY<br>RCHARGE<br>Fourth Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subs<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |   |  |
|   |  |   |  |
|   |  |   |  |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437  |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9                                       | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation                             | Eiret 50 major television market   | Second 50 major television market  |
| of<br>Base Rate Fee                     | First 50 major television market   |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commerci  | al VHF Grade B contour stations listed in block A, part 9 of   |
| Syndicated<br>Exclusivity<br>Surcharge  | Step 2:       In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter  | zero.  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul> | mula outlined in block D, section 3 or 4 of part 7 of this   |
|   |  |  |
|   | FORTY-FIFTH SUBSCRIBER GROUP   | FORTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|   | FORTY-SEVENTH SUBSCRIBER GROUP   | FORTY-EIGHTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | ch subscriber group as shown   |
|   |  |  |
|   |  |  |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006437  |  |
|---|--|--|--|
|   |  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9                                       | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:   | e station is not exempt in Part 7, you mustalso compute a  |  |
| Computation                             | First 50 major television market   | Second 50 major television market  |  |
| of<br>Base Rate Fee                     | INSTRUCTIONS:  |  |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commerc   | al VHF Grade B contour stations listed in block A, part 9 of   |  |
| Syndicated<br>Exclusivity<br>Surcharge  | Step 2:       In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter  | zero.  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   | FORTY-NINTH SUBSCRIBER GROUP   | FIFTIETH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |  |
|   | FIFTY-FIRST SUBSCRIBER GROUP   | FIFTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | ch subscriber group as shown   |  |
|   |  |  |  |
|   |  |  |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006437  |  |
|---|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |
| 9   | If your cable system is located within a top 100 television market and the sta<br>Syndicated Exclusivity Surcharge. Indicate which major television market any<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |  |
| Computation<br>of                             | ☐ First 50 major television market ☐ S  | econd 50 major television market   |  |
| Base Rate Fee<br>and                          | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercial VI   | HF Grade B contour stations listed in block A part 9 of  |  |
| Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the Exempt DSEs in block C, part 7 of this schedule. If none enter zero</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSE</li> </ul>                                   | VHF Grade B contour stations that were classified as   |  |
| Partially<br>Distant<br>Stations              | <ul> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   | FIFTY-THIRD SUBSCRIBER GROUP  | FIFTY-FOURTH SUBSCRIBER GROUP  |  |
|   |   |  |  |
|   |   | ine 1: Enter the VHF DSEs  |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | ine 2: Enter the Exempt DSEs<br>ine 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation<br>YNDICATED EXCLUSIVITY<br>URCHARGE |  |
|   |   |  |  |
|   | FIFTY-FIFTH SUBSCRIBER GROUP  | FIFTY-SIXTH SUBSCRIBER GROUP   |  |
|   |   | ine 1: Enter the VHF DSEs  |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | ine 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |  |
|   |   | YNDICATED EXCLUSIVITY<br>URCHARGE<br>Fourth Group  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each su in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | ubscriber group as shown   |  |
|   |   |  |  |
|   |   |  |  |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437   |  |
|---|--|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9                                       | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:   | station is not exempt in Part 7, you mustalso compute a   |  |
| Computation                             | Eirst 50 major tolevision market   | Second 50 major tolevision market   |  |
| of<br>Base Rate Fee                     | First 50 major television market  INSTRUCTIONS:  | Second 50 major television market   |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commercia   | al VHF Grade B contour stations listed in block A, part 9 of  |  |
| Syndicated<br>Exclusivity<br>Surcharge  | Step 2:       In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter a statement of the schedule is the schedule of the sched | zero.   |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>   |   |  |
|   | FIFTY-SEVENTH SUBSCRIBER GROUP   | FIFTY-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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 2: Enter the Exempt DSES   |  |
|   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SURCHARGE<br>Third Group   | SURCHARGE<br>Fourth Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | h subscriber group as shown   |  |
|   |  |   |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006437   |  |
|---|---|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY S  | SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9   | If your cable system is located within a top 100 television market and the station<br>Syndicated Exclusivity Surcharge. Indicate which major television market any po<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |  |
| Computation<br>of                             | First 50 major television market  | nd 50 major television market   |  |
| Base Rate Fee<br>and                          | INSTRUCTIONS:<br>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   |  |
| Syndicated<br>Exclusivity<br>Surcharge<br>for | this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group for the VH<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs us                                    |   |  |
| Partially<br>Distant<br>Stations              | 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |   |  |
|   | SIXTY-FIRST SUBSCRIBER GROUP  | SIXTY-SECOND SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs  | 1: Enter the VHF DSEs   |  |
|   |   | 2: Enter the Exempt DSEs  |  |
|   |   | 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   |   | DICATED EXCLUSIVITY<br>CHARGE<br>Second Group   |  |
|   | SIXTY-THIRD SUBSCRIBER GROUP  | SIXTY-FOURTH SUBSCRIBER GROUP   |  |
|   |   | 1: Enter the VHF DSEs   |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SYNDICATED EXCLUSIVITY SYNI   | DICATED EXCLUSIVITY<br>CHARGE<br>Fourth Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subso<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | criber group as shown   |  |
|   |   |   |  |
|   |   |   |  |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#                                  |  |
|---|--|--|--|
| Name                                    | CABLE ONE, INC.  | 006437   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9                                       | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television marke<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |
| Computation<br>of                       | First 50 major television market   | Second 50 major television market                                  |  |
| Base Rate Fee                           | INSTRUCTIONS:  |  |  |
| and<br>Syndicated                       | Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.   | ial VHF Grade B contour stations listed in block A, part 9 of      |  |
| Exclusivity<br>Surcharge                | Step 2: In line 2, give the total number of DSEs by subscriber group for<br>Exempt DSEs in block C, part 7 of this schedule. If none enter   | zero.  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   | SIXTY-FIFTH SUBSCRIBER GROUP   | SIXTY-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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>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 computation   | subject to the surcharge   |  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |  |
|   | SURCHARGE<br>First Group   | Second Group   |  |
|   | SIXTY-SEVENTH SUBSCRIBER GROUP   | SIXTY-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<br>total number of DSEs for  | and enter here. This is the total number of DSEs for               |  |
|   | this subscriber group<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge                  |  |
|   | computation  | computation  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY<br>SURCHARGE                                |  |
|   | Third Group  | Fourth Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown<br>)                                  |  |
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| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006437 |  |
|---|--|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9                                       | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso constructed Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in a by section 76.5 of FCC rules in effect on June 24, 1981:   | -   |  |
| Computation<br>of                       | First 50 major television market   |   |  |
| Base Rate Fee<br>and                    | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A  | A, part 9 of                                |  |
| Syndicated<br>Exclusivity<br>Surcharge  | <ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classing to the DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 2: In line 2, subtract line 2, form line 4. This is the total number of DSEs used to compute the support.</li> </ul>  | assified as                                 |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |  |
|   | SIXTY-NINTH SUBSCRIBER GROUP SEVENTIETH SUBSCRIBER   | GROUP                                       |  |
|   | 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       subject to the surcharge         computation   |   |  |
|   | STRDICATED EXCLOSIVITY     STRDICATED EXCLOSIVITY       SURCHARGE     SurcharGE       First Group     \$   |   |  |
|   | SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBE  | ER GROUP                                    |  |
|   | Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs  |   |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computationLine 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | <u>-</u>                                    |  |
|   | SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         \$  |   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |   |  |
|   |  |   |  |
|   |  |   |  |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437  |  |
|---|--|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9                                       | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |
| Computation                             | Eiret 50 major television market   | Second 50 major television market  |  |
| of<br>Base Rate Fee                     | First 50 major television market   |  |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commerci  | al VHF Grade B contour stations listed in block A, part 9 of   |  |
| Syndicated<br>Exclusivity<br>Surcharge  | Step 2:       In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter  | zero.  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   |  |  |  |
|   | SEVENTY-THIRD SUBSCRIBER GROUP   | SEVENTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                |  |
|   | computation  | computation  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |  |
|   | SEVENTY-FIFTH SUBSCRIBER GROUP   | SEVENTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | ch subscriber group as shown   |  |
|   |  |  |  |
|   |  |  |  |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437  |  |
|---|--|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9                                       | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |
| Computation                             | First 50 major television market   | Second 50 major television market  |  |
| of<br>Base Rate Fee                     |  |  |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commerc   | al VHF Grade B contour stations listed in block A, part 9 of   |  |
| Syndicated<br>Exclusivity<br>Surcharge  | this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group for<br>Exempt DSEs in block C, part 7 of this schedule. If none enter   | zero.  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   | SEVENTY-SEVENTH SUBSCRIBER GROUP   | SEVENTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |  |
|   | SEVENTY-NINTH SUBSCRIBER GROUP   | EIGHTIETH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | ch subscriber group as shown   |  |
|   |  |  |  |
|   |  |  |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006437 |
|---|---|---|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBS  | CRIBER GROUP                                |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of                             | First 50 major television market  |   |
| Base Rate Fee<br>and                          | INSTRUCTIONS:<br>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                                 |
| Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> </ul> | -   |
| Partially<br>Distant<br>Stations              | Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do no<br>your actual calculations on this form.   |   |
|   | EIGHTY-FIRST SUBSCRIBER GROUP EIGHTY-SECOND SUBSCRIE  | BER GROUP                                   |
|   | Line 1: Enter the VHF DSEs  |   |
|   | Line 2: Enter the Exempt DSEs   |   |
|   | Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation   |   |
|   | First Group   |   |
|   | EIGHTY-THIRD SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIE  | BER 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         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation   | -   |
|   | SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       SURCHARGE         Third Group       Fourth Group  |   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |   |
|   |   |   |
|   |   |   |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437  |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9                                       | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation                             | First 50 major television market   | Second 50 major television market  |
| of<br>Base Rate Fee                     |  |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commerc   | al VHF Grade B contour stations listed in block A, part 9 of   |
| Syndicated<br>Exclusivity<br>Surcharge  | Step 2:       In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter  | zero.  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figur your actual calculations on this form.</li> </ul> | mula outlined in block D, section 3 or 4 of part 7 of this   |
|   |  |  |
|   | EIGHTY-FIFTH SUBSCRIBER GROUP  | EIGHTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                |
|   | computation  | computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|   | EIGHTY-SEVENTH SUBSCRIBER GROUP  | EIGHTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | ch subscriber group as shown   |
|   |  |  |
|   |  |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|---|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV   |  |
| 9   | If your cable system is located within a top 100 television market and the<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | station is not exempt in Part 7, you mustalso compute a  |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercia this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter a schedule.</li> </ul> | the VHF Grade B contour stations that were classified as zero.   |
| for<br>Partially<br>Distant<br>Stations   | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of E</li> <li>Step 4: Compute the surcharge for each subscriber group using the form schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul>        | mula outlined in block D, section 3 or 4 of part 7 of this   |
|   | EIGHTY-NINTH SUBSCRIBER GROUP   | NINETIETH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   | NINETY-FIRST SUBSCRIBER GROUP   | NINETY-SECOND SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  | h subscriber group as shown  |
|   |   |  |
|   |   |  |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006437 |
|---|--|---|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSC  | RIBER GROUP                                 |
| 9                                       | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustals of Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of                       | ☐ First 50 major television market ☐ Second 50 major television market   |   |
| Base Rate Fee<br>and                    | INSTRUCTIONS:<br>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                                |
| Syndicated<br>Exclusivity<br>Surcharge  | <ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were c Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> </ul>   |   |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part schedule. In making this computation, use gross receipts figures applicable to the particular group. You do no your actual calculations on this form.</li> </ul> |   |
|   | NINETY-THIRD SUBSCRIBER GROUP NINETY-FOURTH SUBSCRIB   | ER GROUP                                    |
|   |  |   |
|   |  |   |
|   | Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         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         this subscriber group       subject to the surcharge         computation  |   |
|   | total number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber groupsubject to the surchargesubject to the surchargecomputation  |   |
|   | SYNDICATED EXCLUSIVITY     SYNDICATED EXCLUSIVITY       SURCHARGE     SURCHARGE       Third Group  |   |
|   | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |   |
|   |  |   |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006437                        |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP                           |
| 9                                       | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:   | e station is not exempt in Part 7, you mustalso compute a          |
| Computation                             | First 50 major television market   | Second 50 major television market                                  |
| of<br>Base Rate Fee                     | INSTRUCTIONS:  |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commerc   | al VHF Grade B contour stations listed in block A, part 9 of       |
| Syndicated<br>Exclusivity<br>Surcharge  | Step 2:       In line 2, give the total number of DSEs by subscriber group fo         Exempt DSEs in block C, part 7 of this schedule. If none enter   | zero.  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figur your actual calculations on this form.</li> </ul> | mula outlined in block D, section 3 or 4 of part 7 of this         |
|   | NINETY-SEVENTH SUBSCRIBER GROUP  | NINETY-EIGHTH SUBSCRIBER GROUP                                     |
|   |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   |  |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|   | total number of DSEs for   | total number of DSEs for   |
|   | this subscriber group<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge                  |
|   | computation  | computation  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE<br>First Group   | SURCHARGE<br>Second Group  |
|   | NINETY-NINTH SUBSCRIBER GROUP  | ONE HUNDREDTH 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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|   | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group                  |
|   | subject to the surcharge   | subject to the surcharge   |
|   | computation  | computation  |
|   |  |  |
|   | SURCHARGE<br>Third Group   | SURCHARGE<br>Fourth Group  |
|   |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | ch subscriber group as shown                                       |
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|   |  |  |

| Name                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#                          |
|----------------------------------|--|--|
| Name                             | CABLE ONE, INC.  | 006437   |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9                                | If your cable system is located within a top 100 television market and the<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:                             |  |
| Computation<br>of                |  | Second 50 major television market                          |
| Base Rate Fee                    | INSTRUCTIONS:  |  |
| and<br>Syndicated<br>Exclusivity | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerc this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for</li> </ul>  |  |
| Surcharge                        | Exempt DSEs in block C, part 7 of this schedule. If none enter   | zero.  |
| for<br>Partially<br>Distant      | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure</li> </ul> | mula outlined in block D, section 3 or 4 of part 7 of this |
| Stations                         | your actual calculations on this form.   |  |
|                                  |  |  |
|                                  | ONE HUNDERED FIRST SUBSCRIBER GROUP  | ONE HUNDERED SECOND SUBSCRIBER GROUP                       |
|                                  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                 |
|                                  | Line 2: Enter the Exempt DSEs  | Line 1: Enter the VHF 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<br>this subscriber group  | total number of DSEs for<br>this subscriber group          |
|                                  | subject to the surcharge   | subject to the surcharge                                   |
|                                  | computation  | computation  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                           |
|                                  | First Group  | Second Group   |
|                                  | ONE HUNDERED THIRD SUBSCRIBER GROUP  | ONE HUNDERED 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<br>total number of DSEs for  | and enter here. This is the<br>total number of DSEs for    |
|                                  | this subscriber group<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge          |
|                                  | computation  | computation  |
|                                  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY                                     |
|                                  | SURCHARGE<br>Third Group   | SURCHARGE<br>Fourth Group                                  |
|                                  | · · · · · · · · · · · · · · · · · · ·  |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  |  |
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |

| Name         CABLE ONE, INC.         C           9         BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUF           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<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981:              | 06437<br>, |
|---|------------|
| 9 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 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:  | )          |
| 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   |            |
| of First 50 major television market   |            |
| Base Rate Fee INSTRUCTIONS:   |            |
| and<br>Syndicated<br>Exclusivity<br>forStep 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<br>this schedule.Surcharge<br>for<br>Partially<br>DistantStep 3:In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.Surcharge<br>for<br>PartiallyStep 3:In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.Surcharge<br> |            |
| Stations         your actual calculations on this form.   |            |
| ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP   |            |
| 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       and enter here. This is the         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       subject to the surcharge         computation       -  |            |
| SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       \$URCHARGE         First Group       \$ Second Group         Second Group       \$  |            |
| ONE HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTH SUBSCRIBER GROUP  |            |
| 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       and enter here. This is the         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation       -   |            |
| SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         \$   |            |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |            |
|   |            |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|---|--|--|
|   |  |  |
| 9                                       | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY<br>If your cable system is located within a top 100 television market and the static<br>Syndicated Exclusivity Surcharge. Indicate which major television market any p  | n is not exempt in Part 7, you mustalso compute a  |
| Computation<br>of                       | by section 76.5 of FCC rules in effect on June 24, 1981:   | ond 50 major television market   |
| Base Rate Fee<br>and                    | INSTRUCTIONS:<br>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  |
| Syndicated<br>Exclusivity<br>Surcharge  | this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the V<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |
|   | ONE HUNDRED NINTH SUBSCRIBER GROUP   | ONE HUNDRED TENTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | e 1: Enter the VHF DSEs  |
|   |  | 2 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Subtract line 2 from line 1     and enter here. This is the     total number of DSEs for     this subscriber group     subject to the surcharge     computation                    |
|   | First Group  | Second Group \$  |
|   |  | e 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | <ul> <li>Subtract line 2 from line 1<br/>and enter here. This is the<br/>total number of DSEs for<br/>this subscriber group<br/>subject to the surcharge<br/>computation</li></ul> |
|   | SYNDICATED EXCLUSIVITY SYN   | NDICATED EXCLUSIVITY<br>RCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each sub-<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |  |
|   |  |  |
|   |  |  |

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | SYSTEM ID#<br>006437   |
|--|--|--|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SU  |  |
| <b>9</b><br>Computation  | If your cable system is located within a top 100 television market and the station is<br>Syndicated Exclusivity Surcharge. Indicate which major television market any port<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | not exempt in Part 7, you mustalso compute a   |
| of   | First 50 major television market Second  | 1 50 major television market   |
| Base Rate Fee  | INSTRUCTIONS:  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |
|  | ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP  | NE HUNDRED FOURTEENTH SUBSCRIBER GROUP   |
|  |  |  |
|  |  | Enter the VHF DSEs   |
|  |  | Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SURCHARGE  | CATED EXCLUSIVITY<br>IARGE<br>Second Group   |
|  | ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP   | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP   |
|  |  | Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | CATED EXCLUSIVITY  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscrii<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |  |
|  |  |  |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#                             |  |
|--|--|---|--|
| Name                                   | CABLE ONE, INC.  | 006437  |  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                     |  |
| 9                                      | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television marked<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |  |
| Computation                            | Eiret 50 major television market   | Second 50 major televicion market                             |  |
| of<br>Base Rate Fee                    | First 50 major television market INSTRUCTIONS:   | Second 50 major television market                             |  |
| and                                    | Step 1: In line 1, give the total DSEs by subscriber group for commerce  | ial VHF Grade B contour stations listed in block A, part 9 of |  |
| Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> </ul>           |   |  |
| for                                    | Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  |   |  |
| Partially<br>Distant                   | 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 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.   |   |  |
|  |  |   |  |
|  |  |   |  |
|  | ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP   | ONE HUNDRED EIGHTEENTH 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<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge             |  |
|  | computation  | computation   |  |
|  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |  |
|  | SURCHARGE  | SURCHARGE   |  |
|  | First Group  | Second Group  |  |
|  |  |   |  |
|  | ONE HUNDRED NINTEENTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTIETH 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<br>this subscriber group  | total number of DSEs for<br>this subscriber group             |  |
|  | subject to the surcharge   | subject to the surcharge                                      |  |
|  | computation  | computation   |  |
|  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |  |
|  | SURCHARGE<br>Third Group   | SURCHARGE<br>Fourth Group                                     |  |
|  |  |   |  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   |   |  |
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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.   |
|---|---|---|
| Name  | CABLE ONE, INC.   | 006437  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |
| 9   | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation                                   | First 50 major television market  | Second 50 major television market   |
| of<br>Base Rate Fee                           |   |   |
| and   | Step 1: In line 1, give the total DSEs by subscriber group for commerci   | ial VHF Grade B contour stations listed in block A, part 9 of   |
| Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of </li> </ul> | zero.   |
| Partially<br>Distant<br>Stations              | <ul> <li>Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul>  | rmula outlined in block D, section 3 or 4 of part 7 of this   |
|   | ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP   | ONE HUNDRED TWENTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |
|   | computation   | computation   |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group   |
|   | ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED TWENTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |
|   | computation   | computation   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |   |
|   |   |   |
|   |   |   |

| News                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#   |  |
|---|--|---|--|
| Name                                    | CABLE ONE, INC.  | 006437  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9                                       | If your cable system is located within a top 100 television market and the<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |  |
| Computation                             | First 50 major television market   | Second 50 major television market   |  |
| of<br>Base Rate Fee                     | INSTRUCTIONS:  |   |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commercia   | al VHF Grade B contour stations listed in block A, part 9 of  |  |
| Syndicated<br>Exclusivity<br>Surcharge  | 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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  |   |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |  |
|   | ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP  | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 1: Enter the Exempt DSEs   |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for  |  |
|   | this subscriber group<br>subject to the surcharge<br>computation   | this subscriber group<br>subject to the surcharge<br>computation  |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |  |
|   | ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP  | ONE HUNDRED TWENTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |  |
|   | computation  | computation   |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |   |  |
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| N  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |  |
|--|--|--|--|
| Name   | CABLE ONE, INC.  | 006437   |  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9  | 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 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<br>of                                    | First 50 major television market   | Second 50 major television market  |  |
| Base Rate Fee  | INSTRUCTIONS:  |  |  |
| and<br>Syndicated<br>Exclusivity                     | <ul> <li>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 this schedule.</li> <li>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 Exercise the block A and 2 of the schedule.</li> </ul>  |  |  |
| Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|  | ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP   |  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |
|  | Line 2: Enter the Exempt DSEs  | Line 1: Enter the VHF DSEs   |  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                |  |
|  | computation  | computation  |  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |  |
|  | ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ead<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |  |  |
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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#                                  |  |
|---|--|--|--|
| Name                                    | CABLE ONE, INC.  | 006437   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9                                       | 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 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<br>of                       | First 50 major television market   | Second 50 major television market                                  |  |
| Base Rate Fee                           | INSTRUCTIONS:  |  |  |
| and<br>Ourselie start                   | Step 1: In line 1, give the total DSEs by subscriber group for commerce  | ial VHF Grade B contour stations listed in block A, part 9 of      |  |
| Syndicated<br>Exclusivity<br>Surcharge  | <ul> <li>this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> </ul>   |  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   | ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP                         |  |
|   |  | Line 1: Enter the VHE DSEe   |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |
|   |  |  |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |  |
|   | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group                  |  |
|   | subject to the surcharge   | subject to the surcharge   |  |
|   | computation  | computation  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                   |  |
|   | First Group  | Second Group   |  |
|   | ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |  |
|   | total number of DSEs for   | total number of DSEs for   |  |
|   | this subscriber group<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge                  |  |
|   | computation  | computation  |  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |  |
|   | SURCHARGE<br>Third Group   | SURCHARGE<br>Fourth Group  |  |
|   |  | · · · · · · · · · · · · · · · · · · ·                              |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   |  |  |
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| N                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |  |
|---|--|--|--|
| Name                                    | CABLE ONE, INC.  | 006437   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9                                       | 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 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  |  |
| of<br>Base Rate Fee                     | INSTRUCTIONS:  |  |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commerci  | al VHF Grade B contour stations listed in block A, part 9 of   |  |
| Syndicated<br>Exclusivity<br>Surcharge  | this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for<br>Exempt DSEs in block C, part 7 of this schedule. If none enter  | zero.  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   | ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                |  |
|   | computation  | computation  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |  |
|   | ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED FORTIETH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |  |  |
|   |  |  |  |
|   |  |  |  |

|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20. SYSTEM ID#                                     |  |
|----------------------------------|--|--|--|
| Name                             | CABLE ONE, INC.  | 006437   |  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9                                | 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 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<br>of                | First 50 major television market   | Second 50 major television market                                  |  |
| Base Rate Fee                    | INSTRUCTIONS:  |  |  |
| and<br>Syndicated                | Step 1: In line 1, give the total DSEs by subscriber group for comment   | cial VHF Grade B contour stations listed in block A, part 9 of     |  |
| Syndicated<br>Exclusivity        | this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group for   | or the VHF Grade B contour stations that were classified as        |  |
| Surcharge<br>for                 | Exempt DSEs in block C, part 7 of this schedule. If none enter zero.   |  |  |
| Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|                                  |  |  |  |
|                                  | ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP   | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP                          |  |
|                                  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |
|                                  | Line 2: Enter the Exempt DSEs  | Line 1: Enter the VHP 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<br>this subscriber group  | total number of DSEs for<br>this subscriber group                  |  |
|                                  | subject to the surcharge   | subject to the surcharge   |  |
|                                  | computation  | computation  |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group                      |  |
|                                  | ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED FORTY-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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |  |
|                                  | total number of DSEs for   | total number of DSEs for   |  |
|                                  | this subscriber group<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge                  |  |
|                                  | computation  | computation  |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                   |  |
|                                  | Third Group  | Fourth Group   |  |
|                                  |  |  |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earling in the boxes above. Enter here and in block 4, line 2 of space L (page 2)  |  |  |
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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |  |
|---|--|--|--|
| Name                                    | CABLE ONE, INC.  | 006437   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9                                       | 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 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<br>of                       | First 50 major television market   | Second 50 major television market  |  |
| Base Rate Fee                           | INSTRUCTIONS:  |  |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commerc   | ial VHF Grade B contour stations listed in block A, part 9 of  |  |
| Syndicated<br>Exclusivity<br>Surcharge  | this schedule.         Step 2:       In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter   | zero.  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   | ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED FORTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                |  |
|   | computation  | computation  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |  |
|   | ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED FORTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   |  | · · · · · · · · · · · · · · · · · · ·  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  |  |  |
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|   |  |  |  |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |  |
|---|--|--|--|
| Name                                    | CABLE ONE, INC.  | 006437   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9                                       | 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 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<br>of                       | First 50 major television market   | Second 50 major television market  |  |
| Base Rate Fee                           | INSTRUCTIONS:  |  |  |
| and<br>Syndicated                       | Step 1: In line 1, give the total DSEs by subscriber group for commercia   | al VHF Grade B contour stations listed in block A, part 9 of   |  |
| Syndicated<br>Exclusivity<br>Surcharge  | 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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  |  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   | ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTIETH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |  |
|   | ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |  |  |
|   |  |  |  |
|   |  |  |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | SYSTEM ID#  |  |
|---|--|---|--|
|   | CABLE ONE, INC. 006437<br>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP<br>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<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |  |
| Computation<br>of   |  | econd 50 major television market  |  |
| Base Rate Fee<br>and  | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercial VH  | IF Grade B contour stations listed in block A, part 9 of  |  |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 1: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |  |
|   | ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs Lin   | ne 1: Enter the VHF DSEs  |  |
|   |  | ne 2: Enter the Exempt DSEs   |  |
|   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | he 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                                |  |
|   |  | I   |  |
|   |  | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  |  |
|   | · · · · · · · · · · · · · · · · · · ·  | he 2: Enter the Exempt DSEs<br>he 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   |  | (NDICATED EXCLUSIVITY<br>JRCHARGE<br>Fourth Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each su in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |   |  |
|   |  |   |  |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |
|---|--|--|--|
| Name                                    | CABLE ONE, INC.  | 006437   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9                                       | 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 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<br>of                       | First 50 major television market   | Second 50 major television market  |  |
| Base Rate Fee                           | INSTRUCTIONS:  |  |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commer  | cial VHF Grade B contour stations listed in block A, part 9 of   |  |
| Syndicated<br>Exclusivity<br>Surcharge  | this schedule.         Step 2:       In line 2, give the total number of DSEs by subscriber group f         Exempt DSEs in block C, part 7 of this schedule. If none enter   | er zero.   |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                |  |
|   | computation  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |  |
|   | ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED SIXTIETH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |  |
|   |  |  |  |
|   |  |  |  |