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

| O06545         210 E. EARLL DRIVE<br>PHOENIX, AZ 85012-2626         C         NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unlees<br>names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space<br>System         1       DENTIFICATION OF CABLE SYSTEM:<br>107 N DR MARTIN LUTHER KING<br>Number, Street, fund Foulde, apartment, or suite number)<br>NATCHEZ, MS 39120<br>(Zity, town, state, Zip code)         D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on pa<br>with all communities.<br>CITY OR TOWN         First<br>Community       Intructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on pa<br>with all communities.         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.   |          |
|---|----------|
| B<br>Owner         Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo<br>rate tille of the subsidiary, on that of the parent corporation<br>List any other name or names under which the owner conducts the business of the cable system<br>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi<br>a single statement of account and royally fee payment covering the antire accounting period should submi<br>a single statement of account and royally fee payment covering the entire accounting period should submi<br>a single statement of account and royally fee payment covering the entire accounting period<br>Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.           LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM<br>CABLE ONE, INC.         00665           00665         006544           210 E. EARLL DRIVE<br>PHOENIX, AZ 85012-2626         00654           0         InstructionS: In line 1, give any business or trade names used to identify the business and operation of the system unlet<br>names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space<br>3           1         IDENTIFICATION OF CABLE SYSTEM:<br>107 N DR MARTINI LUTHER KING<br>NATCHEZ, MS 39120<br>[CRIV. own: state. 20 coded]           Area<br>Served<br>First<br>Community         Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on pa<br>with all communities.           CITY OR TOWN         STATE<br>NATCHEZ         MS<br>Elew is a sample for reporting communities if you report mult |          |
| CABLE ONE, INC.       0065         00654       006544         210 E. EARLL DRIVE<br>PHOENIX, AZ 85012-2626       006544         C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unlest names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space         System       1         DENTIFICATION OF CABLE SYSTEM:       107 N DR MARTIN LUTHER KING         107 N DR MARTIN LUTHER KING       107 N DR MARTIN LUTHER KING         107 NDR MARTIN LUTHER KING       107 N DR MARTIN LUTHER KING         107 NDR MARTIN LUTHER KING       107 N DR MARTIN LUTHER KING         107 NDR MARTIN LUTHER KING       107 N DR MARTIN LUTHER KING         107 NDR MARTIN LUTHER KING       107 N DR MARTIN LUTHER KING         107 NDR MARTIN LUTHER KING       107 N DR MARTIN LUTHER KING         107 NDR MARTIN LUTHER KING       107 N DR MARTIN LUTHER KING         107 NDR MARTIN LUTHER KING       107 N DR MARTIN LUTHER KING         107 NDR MARTIN LUTHER KING       107 N DR MARTIN LUTHER KING         107 NDR MARTIN LUTHER KING       107 N DR MARTIN LUTHER KING         108 With all communities.       107 N DR MARTIN LUTHER KING         107 NDR MARTIN LUTHER KING       107 N DR MARTIN LUTHER KING         108 With all communities.       107 N DR MARTIN LUTHER KING   | 006545   |
| O06545         210 E. EARLL DRIVE<br>PHOENIX, AZ 85012-2626         C         System         1         DENTIFICATION OF CABLE SYSTEM:         1         MAILING ADDRESS OF CABLE SYSTEM:         10         NOT N DR MARTIN LUTHER KING         2         NUMBER SOF CABLE SYSTEM:         10         NATCHEZ, MS 39120         C(TTY OR TOWN         Served         First<br>Community         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.   |          |
| 210 E. EARLL DRIVE<br>PHOENIX, AZ 85012-2626         C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless<br>names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space<br>1         DENTIFICATION OF CABLE SYSTEM:<br>1       1         MAILING ADDRESS OF CABLE SYSTEM:<br>1       107 N DR MARTIN LUTHER KING<br>(Number, street, rural route, spattment, or sulle number)<br>NATCHEZ, MS 39120<br>(City, town, state, zip code)         D<br>Area<br>Served<br>First<br>Community       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on pa<br>with all communities.<br>CITY OR TOWN         State       Instructed porting communities if you report multiple channel line-ups in Space G.  | 520172   |
| PHOENIX, AZ 85012-2626         C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space         System       IDENTIFICATION OF CABLE SYSTEM:         1       IDENTIFICATION OF CABLE SYSTEM:         2       MAILING ADDRESS OF CABLE SYSTEM:         107 N DR MARTIN LUTHER KING       NATCHEZ, MS 39120         (City, town, state, zip code)       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on partitic and the address.         First       NATCHEZ       MS         Community       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.   | 2017/2   |
| System       names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space         System       1         IDENTIFICATION OF CABLE SYSTEM:         107 N DR MARTIN LUTHER KING         (Number; street; rural route, apartment; or sulte number)         NATCHEZ, MS 39120         (City, town, state; zip code)         Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on pa         with all communities.         Served         First         Community         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.  |          |
| System       1       DENTIFICATION OF CABLE SYSTEM:         MAILING ADDRESS OF CABLE SYSTEM:       107 N DR MARTIN LUTHER KING         2       (Number, street, rural route, apartment, or suite number)         NATCHEZ, MS 39120       (City, town, state, zip code)         Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on pa         Area       Served         First       NATCHEZ         MATCHEZ       MS         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.  |          |
| 2       107 N DR MARTIN LUTHER KING         2       [Number, street, rural route, apartment, or sulte number]         NATCHEZ, MS 39120       [City, town, state, zip code]         Image: City, town, state, zip code       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page         Area       with all communities.         Served       CITY OR TOWN         First       NATCHEZ         MS         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.   | <u> </u> |
| Area     with all communities.       Served     CITY OR TOWN     STATE       First     NATCHEZ     MS       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.   |          |
| Served         CITY OR TOWN         STATE           First         NATCHEZ         MS           Below is a sample for reporting communities if you report multiple channel line-ups in Space G.  | : 1b     |
| First     NATCHEZ     MS       Community     Below is a sample for reporting communities if you report multiple channel line-ups in Space G.  |          |
| Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G.   |          |
|   |          |
|   | GRP#     |
| Sample Alda MD A  | 1        |
| Alliance MD B   | 2        |
| Gering MD B   | 3        |

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.

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

03/01/2018

FORM SA3E. PAGE 1b.

| ORM SA3E. PAGE ID.  |                    |                    |            |                        |
|---|--------------------|--------------------|------------|------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  |                    |                    | SYSTEM ID# |                        |
| CABLE ONE, INC.   |                    |                    | 006545     |                        |
| <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 | prated communities | es within unincorp | 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. If | you report any st  | ations     |                        |
| When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be   | a subscriber grou  |                    |            |                        |
| CITY OR TOWN  | STATE              | CH LINE UP         | SUB GRP#   | -                      |
| NATCHEZ   | MS                 | AA                 | 1          | First                  |
| ADAMS COUNTY  | MS                 | AA                 | 1          | Community              |
| CONCORDIA PARISH  | LA                 | AB                 | 2          |                        |
| VIDALIA   | LA                 | AB                 | 2          |                        |
|   |                    |                    |            |                        |
|   |                    |                    |            | See instructions for   |
|   |                    |                    |            | additional information |
|   |                    |                    |            | on alphabetization.    |
|   |                    |                    |            |                        |
|   |                    |                    |            |                        |
|   |                    |                    |            | Add rows as necessary. |
|   |                    |                    |            | Add Tows as necessary. |
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| Name                        | LEGAL NAME OF OWNER OF CABL   | E SYSTEM:          |                |                       |              |                      |              | S                     | YSTEM II |
|-----------------------------|---|--------------------|----------------|-----------------------|--------------|----------------------|--------------|-----------------------|----------|
| name                        | CABLE ONE, INC.   |                    |                |                       |              |                      |              |                       | 00654    |
| Е                           | SECONDARY TRANSMISSION  | I SERVICE: SL      | JBSCR          | IBERS AND R           | ATES         |                      |              |                       |          |
| E                           | In General: The information in s  |                    |                |                       |              |                      |              |                       |          |
| Secondary.                  | system, that is, the retransmission                                       |                    |                |                       |              |                      |              |                       |          |
| Secondary<br>Transmission   | about other services (including plast day of the accounting period        |                    |                |                       |              |                      | inose exist  | ing on the            |          |
| Service: Sub-               | Number of Subscribers: Bot  |                    |                |                       |              |                      | ble svstem   | . broken              |          |
| scribers and                | down by categories of secondar  |                    |                |                       |              |                      |              |                       |          |
| Rates                       | each category by counting the n   | umber of billing   | gs in tha      | at category (the      | number o     | f persons or org     | ganizations  |                       |          |
|                             | separately for the particular serv  |                    |                |                       |              |                      |              |                       |          |
|                             | Rate: Give the standard rate of   |                    |                |                       |              |                      |              |                       |          |
|                             | unit in which it is generally billed<br>category, but do not include disc |                    |                |                       | iny standa   | ro rate variation    | s within a p | Darticular rate       |          |
|                             | Block 1: In the left-hand block   |                    |                |                       | ries of sec  | ondary transmis      | ssion servio | ce that cable         |          |
|                             | systems most commonly provide   |                    |                | •                     |              |                      |              |                       |          |
|                             | that applies to your system. Not  |                    |                |                       |              |                      |              |                       |          |
|                             | categories, that person or entity   |                    |                |                       |              |                      |              |                       |          |
|                             | subscriber who pays extra for ca  |                    |                |                       |              | I in the count ur    | nder "Servio | ce to the             |          |
|                             | first set" and would be counted of<br>Block 2: If your cable system       |                    |                |                       |              | service that are     | different f  | rom those             |          |
|                             | printed in block 1 (for example, t  |                    |                |                       |              |                      |              |                       |          |
|                             | with the number of subscribers a  |                    |                |                       |              |                      |              |                       |          |
|                             | sufficient.   | -                  | U              |                       |              |                      |              |                       |          |
|                             | BL  | OCK 1              |                |                       |              |                      | BLOC         |                       | r        |
|                             | CATEGORY OF SERVICE   | NO. OF<br>SUBSCRIB |                | RATE                  | САТ          | EGORY OF SE          |              | NO. OF<br>SUBSCRIBERS | RATE     |
|                             | Residential:  | SUBSCRIB           | ERG            | NATE                  | CAT          | LOOKT OF SE          | RVICE        | SUBSCRIBERS           | NATE     |
|                             | Service to first set  |                    | 2,437          | \$ 29.00              |              | ANDARD BUL           | <i>,</i>     | 2,275                 | \$ 9.    |
|                             |   |                    | 2,437<br>4.675 | ə 29.00               | NON-ST       | ANDARD BUL           | \<br>\       | 2,215                 | ə 9.     |
|                             | Service to additional set(s)  |                    | 4,075          |                       |              |                      |              |                       |          |
|                             | • FM radio (if separate rate)   |                    |                |                       |              |                      |              |                       |          |
|                             | Motel, hotel  |                    |                |                       |              |                      |              |                       |          |
|                             | Commercial  |                    |                |                       |              |                      |              |                       |          |
|                             | Converter   |                    |                |                       |              |                      |              |                       |          |
|                             | Residential   |                    |                |                       |              |                      |              |                       |          |
|                             | Non-residential   |                    |                |                       |              |                      |              |                       |          |
|                             | SERVICES OTHER THAN SEC   |                    |                |                       | s            |                      |              |                       |          |
| E                           | In General: Space F calls for ra  | -                  |                |                       | -            | Il your cable sys    | stem's serv  | ices that were        |          |
| F                           | not covered in space E, that is, t  | hose services      | ,<br>that are  | not offered in        | combinatio   | on with any seco     | 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 ur<br>enter only the letters "PP" in the     |                    | usually        | billed. If any ra     | ates are ch  | larged on a vari     | able per-pr  | ogram basis,          |          |
| Secondary<br>Fransmissions: | Block 1: Give the standard ra   |                    | he cab         | e system for ea       | ach of the a | applicable servi     | ces listed   |                       |          |
| Rates                       | Block 2: List any services that   |                    |                |                       |              |                      |              | were not              |          |
|                             | listed in block 1 and for which a   | separate charg     | e was          | made or establi       | ished. List  | these other ser      | vices in the | e form of a           |          |
|                             | brief (two- or three-word) descrip  | otion and inclue   | de the r       | ate for each.         |              |                      |              |                       |          |
|                             |   | BLO                | CK 1           |                       |              |                      |              | BLOCK 2               |          |
|                             | CATEGORY OF SERVICE   | RATE               |                | GORY OF SER           | VICE         | RATE                 | CATEGO       | ORY OF SERVICE        | RATE     |
|                             | Continuing Services:  |                    | Install        | ation: Non-res        | idential     |                      |              |                       |          |
|                             | • Pay cable   | \$ 17.00           | • Mc           | tel, hotel            |              |                      | TIER 2       |                       | \$ 30.   |
|                             | Pay cable—add'l channel   |                    | • Co           | mmercial              |              |                      | ESPANO       | L DIGITAL             | \$ 3.0   |
|                             | Fire protection   |                    | •Pa            | y cable               |              |                      | DVP          |                       | \$ 9.0   |
|                             | •Burglar protection   |                    |                | ,<br>y cable-add'l cł | nannel       |                      |              |                       |          |
|                             | Installation: Residential   |                    | • Fir          | e protection          |              |                      |              |                       |          |
|                             | First set   | \$ 90.00           | • Bu           | rglar protection      |              |                      |              |                       |          |
|                             | <ul> <li>Additional set(s)</li> </ul>                                     | \$ 60.00           |                | services:             |              |                      |              |                       |          |
|                             | • FM radio (if separate rate)   |                    | • Re           | connect               |              | \$ 60.00             |              |                       |          |
|                             | • Converter   |                    |                | sconnect              |              |                      |              |                       |          |
|                             |   | 1                  |                |                       |              | L                    | þ            |                       | +        |
|                             |   |                    | • Ou           | tlet relocation       |              | \$ 60.00             |              |                       |          |
|                             |   |                    |                | tlet relocation       | ess          | \$ 60.00<br>\$ 60.00 |              |                       |          |

| LEGAL NAME OF O   | WNER OF CABLE S  | YSTEM:   |   |   | SYSTEM ID#  | Nama   |
|---|--|--|---|---|---|--|
| CABLE ONE,  | INC.   |  |   |   | 006545  | Name   |
| RIMARY TRANSMIT   | TERS: TELEVISIO  | N  |   |   |   |  |
| arried by your cable<br>CC rules and regul<br>6.59(d)(2) and (4),<br>ubstitute program b  | e system during t<br>lations in effect of<br>76.61(e)(2) and (<br>basis, as explaine   | he accounting<br>n June 24, 19<br>(4), or 76.63 (<br>d in the next   | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.   | (1) stations carrie<br>ne carriage of cert<br>1(e)(2) and (4))]; a  | 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   | G<br>Primary<br>Transmitters:<br>Television    |
| basis under specifc   | FCC rules, regula  | ations, or auth  | orizations:   |   | ent and Program Log)—if the   |  |
| station was carrie<br>List the station here<br>basis. For further   | ed only on a subs<br>e, and also in spa<br>information conc  | titute basis.<br>ace I, if the sta   | ation was carried   | d both on a substi  | tute basis and also on some other<br>f the general instructions located   |  |
| in the paper SA3<br>Column 1: List e  |  | sign. Do not i   | report origination  | n program service   | s such as HBO, ESPN, etc. Identify  |  |
|   |  |  | •   | •   | tion. For example, report multi-<br>h stream separately; for example  |  |
| VETA-simulcast).  |  |  |   |   | ion for broadcasting over-the-air in  |  |
| s community of lice   | ense. For example  | e, WRC is Ch   |   |   | may be different from the channel   |  |
| on which your cable<br>Column 3: Indica   |  |  | tation is a netwo   | ork station, an inde  | ependent station, or a noncommercial  |  |
|   |  |  |   |   | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).   |  |
| For the meaning of t  | hese terms, see  | page (v) of th   | e general instru  | ctions located in t   | ne paper SA3 form.  |  |
| Column 4: If the<br>blanation of local set  |  |  |   |   | es". If not, enter "No". For an ex-<br>e paper SA3 form.  |  |
| Column 5: If you  | have entered "Y  | es" in column  | 4, you must cor   | mplete column 5,  | stating the basis on which your   |  |
|   | n the distant statio   | on during the  | accounting perio  | od. Indicate by en  | tering "LAC" if your cable system   |  |
| carried the distant st  |  | 0  | ause of lack of a   | ctivated channel  | capacity.   |  |
| For the retransmi   | tation on a part-tii<br>ission of a distant  | me basis beca<br>multicast stre  | eam that is not s   | subject to a royalty  | payment because it is the subject   |  |
| For the retransmi<br>of a written agreeme   | tation on a part-til<br>ission of a distant<br>ent entered into o  | me basis beca<br>multicast street<br>n or before Ju  | eam that is not s<br>ine 30, 2009, be   | subject to a royalty<br>tween a cable sy  | payment because it is the subject stem or an association representing   |  |
| For the retransmi<br>of a written agreeme<br>he cable system and<br>ion "E" (exempt). For   | tation on a part-tiu<br>ission of a distant<br>ent entered into o<br>d a primary trans<br>or simulcasts, also  | me basis beca<br>: multicast stre<br>n or before Ju<br>mitter or an a<br>o enter "E". If   | eam that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the  | subject to a royalty<br>etween a cable sy<br>senting the prima<br>channel on any o  | 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  |  |
| For the retransmi<br>of a written agreeme<br>he cable system an-<br>ion "E" (exempt). For<br>explanation of these   | tation on a part-tin<br>ission of a distant<br>ent entered into o<br>d a primary trans<br>or simulcasts, also<br>three categories  | me basis beca<br>multicast stre<br>n or before Ju<br>mitter or an a<br>o enter "E". If<br>, see page (v  | eam that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>) of the general  | subject to a royalty<br>stween a cable sy<br>senting the prima<br>channel on any o<br>instructions locate   | 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.   |  |
| For the retransmi<br>of a written agreeme<br>he cable system and<br>ion "E" (exempt). For<br>explanation of these<br><b>Column 6:</b> Give  | tation on a part-tii<br>ission of a distant<br>ent entered into o<br>d a primary trans<br>or simulcasts, also<br>three categories<br>the location of ea  | me basis beca<br>multicast stra<br>n or before Ju<br>mitter or an a<br>o enter "E". If<br>, see page (v<br>ch station. Fo  | eam that is not s<br>une 30, 2009, be<br>ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,   | subject to a royalty<br>etween a cable sy<br>senting the prima<br>channel on any o<br>instructions locate<br>list the community   | 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  |  |
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| FORM SA3E. PAGE 3. |
|--------------------|
|--------------------|

| CABLE ONE   | WNER OF CABLE S`<br>, INC.  | YSTEM:   |   |  | SYSTEM ID#<br>006545   | Name                     |
|---|---|--|---|--|--|--------------------------|
| PRIMARY TRANSMI   | TTERS: TELEVISIO  | ON   |   |  |  |                          |
| In General: In spac<br>carried by your cab<br>FCC rules and regu  | ce G, identify ever<br>le system during t<br>llations in effect o   | y television st<br>he accounting<br>n June 24, 19  | g period, except<br>81, permitting th   | : (1) stations carrine carriage of cer   | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [sections  | G                        |
| 76.59(d)(2) and (4),<br>substitute program  |   |  |   | 1(e)(2) and (4))];   | and (2) certain stations carried on a  | Primary<br>Transmitters: |
| 1 0   | · ·   |  |   | s carried by your  | cable system on a substitute program   | Television               |
| basis under specifc   |   |  |   |  |  |                          |
| station was carri<br>List the station he  | ed only on a subs<br>re, and also in spa  | stitute basis.<br>ace I, if the sta  | ation was carried   | d both on a subst  | ient and Program Log)—if the itute basis and also on some other  |                          |
| basis. For furthe<br>in the paper SA3   |   | cerning substi   | tute basis statio   | ns, see page (v) o   | of the general instructions located  |                          |
|   |   | sign. Do not i   | report origination  | n program service  | es such as HBO, ESPN, etc. Identify  |                          |
|   |   |  | •   | •  | ation. For example, report multi-  |                          |
| NETA-simulcast).  |   |  |   | · ·  | th stream separately; for example  |                          |
| •   | •   |  | annel 4 in Wash   | nington, D.C. This   | may be different from the channel  |                          |
| on which your cable<br>Column 3: Indic  | ,   |  | tation is a netwo   | ork station an ind   | ependent station, or a noncommercial   |                          |
|   |   |  |   |  | cast), "I" (for independent), "I-M"  |                          |
|   |   |  |   |  | ommercial educational multicast).  |                          |
|   |   |  |   |  | he paper SA3 form.<br>es". If not, enter "No". For an ex-  |                          |
| planation of local se   | ervice area, see p  | age (v) of the   | general instruct  | ions located in th   | e paper SA3 form.  |                          |
|   |   |  | •   | •  | stating the basis on which your  |                          |
| capie system carrie   |   | •  | υ.  |  | tering "LAC" if your cable system<br>capacity.   |                          |
| For the retransm  | nission of a distant  | t multicast stre   | eam that is not s   | subject to a royalt  | y payment because it is the subject  |                          |
| U U   |   |  |   |  | stem or an association representing  |                          |
|   |   |  |   | conting the prime  | any transmitter, onter the designa   |                          |
| ,   |   |  | •   | • .  | ary transmitter, enter the designa-<br>ther basis, enter "O." For a further  |                          |
| tion "E" (exempt). F<br>explanation of these  | or simulcasts, als<br>e three categories  | o enter "E". If<br>, see page (v   | you carried the<br>) of the general   | channel on any c   | ther basis, enter "O." For a further ed in the paper SA3 form.   |                          |
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| LEGAL NAME OF OWN  |   |   |  |   |   |   |
|--|---|---|--|---|---|---|
|  |   | (STEM:  |  |   | SYSTEM ID#  | Name  |
| CABLE ONE, IN  | NC.   |   |  |   | 006545  |   |
| PRIMARY TRANSMITTE   | 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>pasis under specific 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>NETA-simulcast).<br>Column 2: Give the<br>ts 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 tt<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and a<br>ion "E" (exempt). For<br>explanation of these th<br>Column 6: Give the | G, identify even<br>system during<br>(ions in effect or<br>6.61(e)(2) and (<br>sis, as explaine<br><b>Stations:</b> With in<br>CC rules, regula<br>there in space<br>only on a subs<br>and also in spa<br>formation cond<br>rm.<br>th station's call<br>associated with<br>(-2". Simulcast<br>e channel numb<br>set for example<br>ystem carried the<br>cast), "E" (for n<br>ese terms, see<br>ation is outside<br>ce area, see pa<br>ave entered "Y"<br>he distant static<br>ion on a particut<br>ion of a distant<br>t entered into o<br>a primary trans<br>simulcasts, also<br>nee categories<br>e location of eal | 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>attions, or auth<br>G—but do lis<br>titute basis.<br>Ince I, if the staterning substi-<br>sign. Do not the<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>iorizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its over<br>the reported in or<br>has assigned to f<br>annel 4 in Wash<br>tation is a netwo<br>etwork), "N-M" (i<br>I educational), o<br>e general instruct<br>4, you must cor<br>accounting period<br>ause of lack of a<br>esem that is not s<br>une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general in<br>tr U.S. stations, i | (1) stations carrie<br>the 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 service:<br>er-the-air designatic<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>rk station, an inder<br>for network multic<br>r "E-M" (for nonco<br>ctions located in the<br>mplete column 5, so<br>od. Indicate by enti-<br>ctivated channel of<br>ubject to a royalty<br>tween a cable sys-<br>senting the primai<br>channel on any of<br>instructions locate<br>list the community | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>tating the basis on which your<br>ering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
|  |   |   |  | •   | which the station is identifed.   |   |
|  | ig multiple char  | nnel line-ups,  | use a separate   | space G for each  |   |   |
|  | ig multiple char  | nnel line-ups,  |  | space G for each  |   |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL  | CHANN<br>3. TYPE<br>OF  | USE a SEPARATE<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)   | space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE   |   |   |
|  | 2. B'CAST   | CHANN<br>3. TYPE  | USE a SEPARATE<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)   | space G for each AC 5. BASIS OF   | channel line-up.  |   |
|  | 2. B'CAST<br>CHANNEL  | CHANN<br>3. TYPE<br>OF  | USE a SEPARATE<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)   | space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE   | channel line-up.  |   |
|  | 2. B'CAST<br>CHANNEL  | CHANN<br>3. TYPE<br>OF  | USE a SEPARATE<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)   | space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE   | channel line-up.  |   |
|  | 2. B'CAST<br>CHANNEL  | CHANN<br>3. TYPE<br>OF  | USE a SEPARATE<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)   | space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE   | channel line-up.  |   |
|  | 2. B'CAST<br>CHANNEL  | CHANN<br>3. TYPE<br>OF  | USE a SEPARATE<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)   | space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE   | channel line-up.  |   |
|  | 2. B'CAST<br>CHANNEL  | CHANN<br>3. TYPE<br>OF  | USE a SEPARATE<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)   | space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE   | channel line-up.  |   |
|  | 2. B'CAST<br>CHANNEL  | CHANN<br>3. TYPE<br>OF  | USE a SEPARATE<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)   | space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE   | channel line-up.  |   |

| FORM SA3E. PAGE 3.   |  |  |  |  |   |       |   |
|--|--|--|--|--|---|-------|---|
| LEGAL NAME OF OWN  |  | STEM:  |  |  | SYSTE   |       | Name  |
| CABLE ONE, IN  | NC.  |  |  |  | 00  | )6545 |   |
| PRIMARY TRANSMITTE   | ERS: TELEVISIC   | DN   |  |  |   |       |   |
| n General: In space (<br>carried by your cables s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas<br><b>Substitute Basis S</b><br>basis under specific 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><b>Column 1:</b> List eace<br>each multicast stream<br>ast stream as "WETA<br>WETA-simulcast).<br><b>Column 2:</b> Give the<br>ts community of licenss<br>on which your cable sy<br><b>Column 3:</b> Indicate<br>educational station, by<br>for independent multid<br>For the meaning of the<br><b>Column 4:</b> If the sta-<br>banation of local servi<br><b>Column 5:</b> If you has | G, identify every<br>system during th<br>ions in effect or<br>5.61(e)(2) and (/<br>sis, as explaine<br><b>Stations:</b> With r<br>CC rules, regula<br>here in space<br>only on a subsi<br>and also in spa<br>aformation conc<br>orm.<br>ch station's call<br>associated with<br>-2". Simulcast si<br>e channel numb<br>set. For example<br>ystem carried th<br>a in each case w<br>y entering the le<br>cast), "E" (for no<br>set terms, see p<br>ation is outside<br>ice area, see pa<br>ave entered "Ye<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>to a station ac<br>streams must<br>ber the FCC h<br>as station.<br>whether the st<br>tter "N" (for n<br>poncommercia<br>page (v) of the<br>the local serv<br>age (v) of the<br>tes" in column<br>on during the | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>y distant stations<br>iorizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its over<br>the reported in or<br>annel 4 in Wash<br>tation is a netwo<br>etwork), "N-M" ("<br>I educational), o<br>e general instructi<br>4, you must cor<br>accounting period | (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) of<br>n program services<br>er-the-air designat<br>column 1 (list each<br>the television stati<br>ington, D.C. This i<br>with station, an inde<br>for network multica<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 | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>tating the basis on which your<br>ering "LAC" if your cable system   |       | G<br>Primary<br>Transmitters:<br>Television |
| For the retransmiss<br>of a written agreement<br>the cable system and a<br>ion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the   | sion of a distant<br>t entered into or<br>a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ea   | multicast stren<br>n or before Ju<br>mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo   | ine 30, 2009, be<br>ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,   | etween a cable system<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community  | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by th   | ne    |   |
| 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 transi<br>simulcasts, also<br>nree categories,<br>e location of ea<br>Canadian statio  | multicast streen<br>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   | ane 30, 2009, be<br>ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>e the name of th   | etween a cable system<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner 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.                     | ne    |   |
| For the retransmiss<br>of a written agreement<br>the 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  | sion of a distant<br>t entered into or<br>a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ea<br>Canadian statio  | multicast stre<br>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,   | ane 30, 2009, be<br>ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>e the name of th   | etween a cable systemating the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner 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.                     | ie    |   |
| 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  | sion of a distant<br>t entered into or<br>a primary transi<br>simulcasts, also<br>nee categories,<br>e location of ear<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL  | multicast stre<br>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>CHANN<br>3. TYPE<br>OF  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | etween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AD<br>5. BASIS OF<br>CARRIAGE   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner 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.                     | ie    |   |
| For the retransmiss<br>of a written agreement<br>the 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  | sion of a distant<br>t entered into or<br>a primary transi<br>simulcasts, also<br>nree categories,<br>e location of ear<br>Canadian statio<br>ng multiple char   | multicast stre<br>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>CHANN<br>3. TYPE  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL 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>AD</b> 5. BASIS OF  | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner 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. | ie    |   |
| For the retransmiss<br>of a written agreement<br>he 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   | sion of a distant<br>t entered into or<br>a primary transi<br>simulcasts, also<br>nee categories,<br>e location of ear<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL  | multicast stre<br>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>CHANN<br>3. TYPE<br>OF  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | etween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AD<br>5. BASIS OF<br>CARRIAGE   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner 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. | ie    |   |
| For the retransmiss<br>of a written agreement<br>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  | sion of a distant<br>t entered into or<br>a primary transi<br>simulcasts, also<br>nee categories,<br>e location of ear<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL  | multicast stre<br>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>CHANN<br>3. TYPE<br>OF  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | etween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AD<br>5. BASIS OF<br>CARRIAGE   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner 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. | le    |   |
| For the retransmiss<br>f a written agreement<br>ne cable system and a<br>on "E" (exempt). For<br>xplanation of these th<br><b>Column 6:</b> Give the<br><b>CC.</b> For Mexican or C<br><b>lote:</b> If you are utilizin  | sion of a distant<br>t entered into or<br>a primary transi<br>simulcasts, also<br>nee categories,<br>e location of ear<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL  | multicast stre<br>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>CHANN<br>3. TYPE<br>OF  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | etween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AD<br>5. BASIS OF<br>CARRIAGE   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner 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. | le    |   |
| For the retransmiss<br>f a written agreement<br>ne cable system and a<br>on "E" (exempt). For<br>xplanation of these th<br><b>Column 6:</b> Give the<br><b>CC.</b> For Mexican or C<br><b>lote:</b> If you are utilizin  | sion of a distant<br>t entered into or<br>a primary transi<br>simulcasts, also<br>nee categories,<br>e location of ear<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL  | multicast stre<br>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>CHANN<br>3. TYPE<br>OF  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | etween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AD<br>5. BASIS OF<br>CARRIAGE   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner 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>he 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   | sion of a distant<br>t entered into or<br>a primary transi<br>simulcasts, also<br>nee categories,<br>e location of ear<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL  | multicast stre<br>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>CHANN<br>3. TYPE<br>OF  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | etween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AD<br>5. BASIS OF<br>CARRIAGE   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner 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>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   | sion of a distant<br>t entered into or<br>a primary transi<br>simulcasts, also<br>nee categories,<br>e location of ear<br>Canadian statio<br>ng multiple char<br>2. B'CAST<br>CHANNEL  | multicast stre<br>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>CHANN<br>3. TYPE<br>OF  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general i<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | etween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AD<br>5. BASIS OF<br>CARRIAGE   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner 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  |  | /STEM:   |   |   | SYSTEM ID#   | Name  |
| CABLE ONE, I   | NC.  |  |   |   | 006545   |   |
| PRIMARY TRANSMITTI   | ERS: TELEVISIO   | DN   |   |   |  |   |
| PRIMARY TRANSMITTI<br>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 specific 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 5: If you h<br>cable system carried t<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th | ERS: TELEVISIC<br>G, identify every<br>system during the<br>ions in effect on<br>5.61(e)(2) and (<br>sis, as explaine<br><b>Stations:</b> With the<br>Crules, regula<br>here in space<br>only on a subse<br>and also in space<br>formation condern.<br>the station's call<br>associated with<br>the crules, regula<br>formation condern.<br>the station's call<br>associated with<br>the crules, regula<br>the channel number<br>(station's call<br>associated with<br>the crules, regula<br>(station's call<br>associated with<br>the station's call<br>associated with<br>the crules, regula<br>(station's call<br>associated with<br>the station's call<br>associated with<br>the crules, regula<br>(station's call<br>associated with<br>the crules, | y television str<br>he accounting<br>n June 24, 194<br>4), or 76.63 (r<br>d in the next ;<br>respect to any<br>titions, or auth<br>G—but do liss<br>titute basis.<br>nee I, if the sta<br>erning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>be station.<br>whether the st<br>tter "N" (for mo-<br>page (v) of the<br>the local serv-<br>age (v) of the<br>es" in column<br>on during the a<br>multicast stree<br>n or before Ju<br>mitter or an ar<br>o enter "E". If<br>, see page (v) | period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>v distant stations<br>orizations:<br>t it in space I (the<br>ation was carried<br>use basis station<br>report origination<br>cording to its ow<br>be reported in or<br>annel 4 in Wash<br>ation is a network<br>etwork), "N-M" (<br>I educational), or<br>e general instruct<br>4, you must cor<br>accounting period<br>as of lack of a<br>seam that is not s<br>ine 30, 2009, be<br>ssociation repre-<br>you carried the<br>p of the general in | (1) stations carried<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>s carried by your of<br>e Special Statement<br>d both on a substitu-<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 inder<br>for network multice<br>r "E-M" (for noncor<br>ctions located in the<br>mplete column 5, so<br>d. Indicate by em-<br>ctivated channel of<br>senting the prima<br>channel on any of<br>instructions located | 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>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>expendent station, or a noncommercial<br>ast), "I" (for independent), "I-M"<br>ommercial 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>/ 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. | G<br>Primary<br>Transmitters:<br>Television |
|  | Canadian statio  | ns, if any, giv  | e the name of th  | ne community with   | v to which the station is licensed by the which the station is identifed.  |   |
|  |  |  | EL LINE-UP  |   | channer inte-up.   |   |
| 1. CALL  | 2. B'CAST  | 3. TYPE  |   | 5. BASIS OF   | 6. LOCATION OF STATION   |   |
| SIGN   | CHANNEL<br>NUMBER  | OF<br>STATION  | (Yes or No)   | CARRIAGE<br>(If Distant)  | U. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.   |   |   |  |   |   |   |
|--|---|---|--|---|---|---|
| LEGAL NAME OF OWN  |   | /STEM:  |  |   | SYSTEM ID#  | Name  |
| CABLE ONE, IN  | IC.   |   |  |   | 006545  |   |
| PRIMARY TRANSMITTE   | 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>pasis under specific 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>NETA-simulcast).<br>Column 2: Give the<br>ts 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 tt<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and a<br>ion "E" (exempt). For<br>explanation of these th<br>Column 6: Give the | G, identify even<br>system during<br>ions in effect or<br>6.61(e)(2) and (<br>isis, as explaine<br><b>itations:</b> With in<br>CC rules, regula<br>here in space<br>only on a subs<br>and also in spa<br>formation conc<br>rm.<br>h station's call<br>associated with<br>-2". Simulcast<br>e channel numl<br>ise. For example<br>stem carried th<br>in each case w<br>entering the le<br>cast), "E" (for n<br>ise terms, see<br>ation is outside<br>ce area, see p<br>ave entered "Y"<br>he distant static<br>ion on a partait<br>ion of a distant<br>entered into o<br>a primary trans<br>simulcasts, also<br>ree categories | 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 staterning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Chi-<br>ne station.<br>whether the station.<br>whether the station.<br>whether the station.<br>whether the station<br>apage (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>iorizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its over<br>the reported in or<br>has assigned to f<br>annel 4 in Wash<br>tation is a netwo<br>etwork), "N-M" (i<br>I educational), o<br>e general instruct<br>4, you must cor<br>accounting period<br>ause of lack of a<br>esem that is not s<br>une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general in<br>tr U.S. stations, i | (1) stations carrie<br>the 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 service:<br>er-the-air designat<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>ington, D.C. This<br>for network multic<br>r "E-M" (for nonco<br>ctions located in the<br>nplete column 5, s<br>od. Indicate by ent<br>ctivated channel o<br>ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>tating the basis on which your<br>ering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizir  | g multiple char   | nnel line-ups,  | use a separate   | space G for each  | channel line-up.  |   |
|  |   | CHANN   | EL LINE-UP   | AF  |   |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | (Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |   |
|  | NONDER  |   |  |   |   |   |
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| FORM SA3E. PAGE 3.  |  |  |  |   |  |   |
|---|--|--|--|---|--|---|
| LEGAL NAME OF OWN   |  | (STEM:   |  |   | SYSTEM ID#   | Namo  |
| CABLE ONE, IN   | IC.  |  |  |   | 006545   |   |
| 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 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>cach multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>ts 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 has<br>cable system carried th<br>carried the distant stati<br>For the retransmiss<br>of a written agreement<br>the cable system and a | G, identify even<br>ystem during ti<br>ons in effect or<br>.61(e)(2) and (<br>.is, as explaine<br><b>itations:</b> With r<br>C rules, regula<br>here in space<br>only on a subsi-<br>and also in spa<br>formation conc<br>rm.<br>h station's call<br>associated with<br>-2". Simulcast<br>e channel numb<br>e. For example<br>ystem carried th<br>in each case v<br>entering the le<br>past), "E" (for no<br>se terms, see p<br>ation is outside<br>ce area, see p<br>ave entered "Ya<br>be distant static<br>ion on a part-tir<br>ion of a distant<br>entered into on | 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>Ince I, if the staterning substift<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>ne station.<br>whether the st<br>tter "N" (for no<br>concommercia<br>page (v) of the<br>the local serv<br>the local serv<br>age (v) of the<br>cas" in column<br>on during the a<br>multicast streen<br>or before Ju | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>y 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 over<br>t be reported in or<br>has assigned to t<br>annel 4 in Wash<br>tation is a netwo<br>etwork), "N-M" (<br>il educational), o<br>e general instructi<br>4, you must cor<br>accounting perio<br>ause of lack of a<br>eam that is not s<br>une 30, 2009, be | (1) stations carrie<br>the 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 designal<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>rk station, an inde<br>for network multic<br>r "E-M" (for nonco<br>ctions located in the<br>instant"), enter "Ye<br>ions located in the<br>mplete column 5, s<br>ad. Indicate by ent<br>ctivated channel c<br>ubject to a royalty | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>tating the basis on which your<br>ering "LAC" if your cable system<br>apacity.<br>payment because it is the subject<br>tem or an association representing | G<br>Primary<br>Transmitters:<br>Television |
| explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C   | ree categories<br>location of ea<br>Canadian statio  | o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv   | you carried the<br>) of the general i<br>or U.S. stations,<br>re the name of th  | channel on any ot<br>instructions locate<br>list the community<br>ne community with   | y transmitter, enter the designa-<br>ner 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.                                 |   |
| explanation of these th<br>Column 6: Give the   | ree categories<br>location of ea<br>Canadian statio  | o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>nnel line-ups,   | you carried the<br>) of the general i<br>or U.S. stations,<br>re the name of th<br>use a separate  | channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each   | 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.  | _   |
| explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C   | ree categories<br>location of ea<br>Canadian statio  | o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>nnel line-ups,   | you carried the<br>) of the general i<br>or U.S. stations,<br>re the name of th  | channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each   | 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.  |   |
| explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C   | ree categories.<br>e location of ea<br>Canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL  | o 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  | you carried the<br>of the general is<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | channel on any ot<br>instructions locate<br>list the community<br>e community with<br>space G for each<br>AG<br>5. BASIS OF<br>CARRIAGE   | 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.  |   |
| explanation of these the<br>Column 6: Give the<br>FCC. For Mexican or C<br>Note: If you are utilizin  | ree categories<br>e location of ea<br>Canadian statio<br>g multiple char<br>2. B'CAST  | o 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  | you carried the<br>of the general is<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each<br>AG<br>5. BASIS OF  | 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.  |   |
| explanation of these the<br>Column 6: Give the<br>FCC. For Mexican or C<br>Note: If you are utilizin  | ree categories.<br>e location of ea<br>Canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL  | o 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  | you carried the<br>of the general is<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | channel on any ot<br>instructions locate<br>list the community<br>e community with<br>space G for each<br>AG<br>5. BASIS OF<br>CARRIAGE   | 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.  |   |
| explanation of these the<br>Column 6: Give the<br>FCC. For Mexican or C<br>Note: If you are utilizin  | ree categories.<br>e location of ea<br>Canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL  | o 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  | you carried the<br>of the general is<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | channel on any ot<br>instructions locate<br>list the community<br>e community with<br>space G for each<br>AG<br>5. BASIS OF<br>CARRIAGE   | 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.  |   |
| explanation of these the<br>Column 6: Give the<br>FCC. For Mexican or C<br>Note: If you are utilizin  | ree categories.<br>e location of ea<br>Canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL  | o 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  | you carried the<br>of the general is<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | channel on any ot<br>instructions locate<br>list the community<br>e community with<br>space G for each<br>AG<br>5. BASIS OF<br>CARRIAGE   | 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.  |   |
| explanation of these the<br>Column 6: Give the<br>FCC. For Mexican or C<br>Note: If you are utilizin  | ree categories.<br>e location of ea<br>Canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL  | o 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  | you carried the<br>of the general is<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | channel on any ot<br>instructions locate<br>list the community<br>e community with<br>space G for each<br>AG<br>5. BASIS OF<br>CARRIAGE   | 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.  |   |
| explanation of these the<br>Column 6: Give the<br>FCC. For Mexican or C<br>Note: If you are utilizin  | ree categories.<br>e location of ea<br>Canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL  | o 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  | you carried the<br>of the general is<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | channel on any ot<br>instructions locate<br>list the community<br>e community with<br>space G for each<br>AG<br>5. BASIS OF<br>CARRIAGE   | 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.  |   |
| explanation of these the<br>Column 6: Give the<br>FCC. For Mexican or C<br>Note: If you are utilizin  | ree categories.<br>e location of ea<br>Canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL  | o 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  | you carried the<br>of the general is<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | channel on any ot<br>instructions locate<br>list the community<br>e community with<br>space G for each<br>AG<br>5. BASIS OF<br>CARRIAGE   | 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  |   | /STEM:  |  |   | SYSTEM ID#   | Name  |
| CABLE ONE, IN  | IC.   |   |  |   | 006545   |   |
| PRIMARY TRANSMITTE   | ERS: TELEVISIO  | DN  |  |   |  |   |
| In General: In space (<br>carried by your cables s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas<br>Substitute Basis S<br>pasis under specific 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>NETA-simulcast).<br>Column 2: Give the<br>ts 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 has<br>cable system carried th<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and a<br>ion "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>isis, as explaine<br><b>itations:</b> With in<br>CC rules, regula<br>here in space<br>only on a subs<br>and also in spa<br>formation conc<br>rm.<br>h station's call<br>associated with<br>-2". Simulcast<br>e channel numb<br>is e channel numb<br>is e channel numb<br>is e terms, see<br>ation is outside<br>ce area, see pa<br>ave entered "Yu<br>ne distant static<br>ion on a parti-<br>ion of a distant<br>entered into or<br>a primary trans<br>simulcasts, also<br>ree categories<br>e location of ea | 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 staterning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Chi-<br>ne station.<br>whether the station.<br>whether the station.<br>whether the station.<br>whether the station<br>apage (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>iorizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its over<br>the reported in or<br>has assigned to f<br>annel 4 in Wash<br>tation is a netwo<br>etwork), "N-M" (i<br>I educational), o<br>e general instruct<br>4, you must cor<br>accounting period<br>ause of lack of a<br>esem that is not s<br>une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general in<br>tr U.S. stations, i | (1) stations carrie<br>the 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 service:<br>er-the-air designat<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>ington, D.C. This<br>for network multic<br>r "E-M" (for nonco<br>ctions located in the<br>nplete column 5, s<br>od. Indicate by ent<br>ctivated channel o<br>ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community | 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 | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizin  | ig multiple char  | • •   | •  |   | channel inte-up.   |   |
|  |   | CHANN   | EL LINE-UP   | AH  |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | (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  |   | YSTEM:   |  |   | SYSTEM ID#   | Name  |
| CABLE ONE, IN  | NC.   |  |  |   | 006545   |   |
| PRIMARY TRANSMITTE   | ERS: TELEVISIO  | N  |  |   |  |   |
| 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>pasis under specific 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>NETA-simulcast).<br>Column 2: Give the<br>ts 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 tt<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and a<br>ion "E" (exempt). For<br>explanation of these th<br>Column 6: Give the | G, identify ever<br>system during t<br>ions in effect or<br>6.61(e)(2) and (<br>sis, as explained<br>stations: With<br>CC rules, regula<br>there in space<br>only on a subs<br>and also in spa-<br>formation cond<br>rm.<br>th station's call<br>associated with<br>-2". Simulcast<br>e channel numl<br>se. For example<br>ystem carried th<br>e in each case w<br>r entering the le<br>cast), "E" (for n<br>ese terms, see<br>ation is outside<br>ce area, see p<br>ave entered "Y<br>he distant static<br>ion on a part-tii<br>ion of a distant<br>t entered into o<br>a primary trans<br>simulcasts, also<br>ree categories<br>e location of ead | y television st<br>he accounting<br>n June 24, 19<br>(4), or 76.63 (i<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 substi<br>sign. Do not th<br>h a station ac<br>streams must<br>ber the FCC h<br>e, WRC is Ch<br>he station.<br>whether the si<br>etter "N" (for n<br>oncommercia<br>page (v) of the<br>the local sen<br>age (v) of the<br>eme basis becat<br>t multicast strea<br>n or before Ju<br>mitter or an a<br>o enter "E". If<br>a, see page (v) | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>y distant stations<br>iorizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its over<br>the reported in or<br>has assigned to f<br>annel 4 in Wash<br>tation is a netwo<br>etwork), "N-M" (i<br>I educational), o<br>e general instruct<br>4, you must cor<br>accounting period<br>ause of lack of a<br>esem that is not s<br>une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general in<br>tr U.S. stations, i | (1) stations carrie<br>the 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 service:<br>er-the-air designat<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>ington, D.C. This<br>for network multic<br>r "E-M" (for nonco<br>ctions located in the<br>nplete column 5, s<br>od. Indicate by ent<br>ctivated channel o<br>ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community | 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 | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizin  | ng multiple chai  | 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   | (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  | IER OF CABLE SY  | STEM:   |   |   | SYSTEM ID#   | Name  |
| CABLE ONE, IN  | NC.  |   |   |   | 006545   |   |
| PRIMARY TRANSMITTE   |  |   |   |   |  |   |
| 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 multic<br>For the meaning of the<br>Column 5: If you h-<br>cable system carried th<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>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>se. For example<br>stem carried th<br>e in each case w<br>e entering the le<br>cast), "E" (for m<br>se terms, see p<br>ation is outside<br>ce area, see p<br>ation is outside<br>ce area, see p<br>ation on a part-<br>ion of a distant<br>i entered into or<br>a primary trans<br>simulcasts, also<br>ree categories<br>e location of ea | y television st<br>me accounting<br>n June 24, 19<br>4), or 76.63 (i<br>d in the next<br>respect to any<br>titons, or auth<br>G—but do lis<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>a, WRC is Chi-<br>the station.<br>whether the stater "N" (for n<br>poncommercia<br>page (v) of the<br>the local sen<br>age (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>ponter "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 inde<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 | 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 | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizin  |  |   |   | •   |  |   |
|  |  | 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   |  | /STEM:   |   |   | SYSTEM ID#  | Name  |
| CABLE ONE, IN   | IC.  |  |   |   | 006545  |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO   | DN   |   |   |   |   |
| PRIMARY TRANSMITTE<br>In General: In space (<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 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 4: If the stat<br>planation of local servi<br>Column 5: If you ha<br>cable system carried th<br>carried the distant stati<br>For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s | <b>FRS: TELEVISIC</b><br><b>G</b> , identify even<br>ystem during ti<br>ons in effect or<br>.61(e)(2) and (<br>isis, as explaine<br><b>itations:</b> With n<br>C rules, regula<br>here in space<br>only on a subs<br>and also in space<br>formation conc<br>m.<br>h station's call<br>associated with<br>-2". Simulcast<br>e channel numb<br>estem carried th<br>in each case w<br>entering the le<br>cast), "E" (for m<br>se terms, see le<br>ation is outside<br>ce area, see pa<br>ave entered "Yo<br>he distant static<br>ion of a distant<br>entered into of<br>a primary trans<br>simulcasts, also | y television str<br>he accounting<br>h 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 sta<br>erning substit<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>b, WRC is Cha<br>he station.<br>whether the st<br>tter "N" (for mo-<br>procommercial<br>page (v) of the<br>the local serv<br>age (v) of the<br>es" in column<br>on during the a<br>multicast streen<br>n or before Ju<br>mitter or an as<br>ponter "E". If | period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>orizations:<br>t it in space I (the<br>ation was carried<br>to a station<br>report 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>I educational), or<br>e general instruct<br>A, you must cor<br>accounting period<br>asam that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the | (1) stations carried<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>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 designal<br>column 1 (list each<br>the television stati-<br>ington, D.C. This<br>with station, an inder<br>for network multion<br>r "E-M" (for nonco-<br>ctions located in the<br>inplete column 5, so<br>od. Indicate by en-<br>citivated channel<br>ubject to a royalty<br>stween a cable sys-<br>senting the prima<br>channel on any of | 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>able system on a substitute program<br>ent and Program Log)—if the<br>cute 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>mmercial 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>r payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>her basis, enter "O." For a further | G<br>Primary<br>Transmitters:<br>Television |
| Column 6: Give the  | e location of ea   | ch station. Fo   | r U.S. stations,  | list the community  | d in the paper SA3 form.<br>y to which the station is licensed by the<br>which the station is identifed.  |   |
| Note: If you are utilizin   |  |  |   | •   |   |   |
|   |  | CHANN  | EL LINE-UP  | AK  |   |   |
| 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   |   | /STEM:   |   |   | SYSTEM ID#  | Name  |
| CABLE ONE, IN   | NC.   |  |   |   | 006545  |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO  | ON   |   |   |   |   |
| PRIMARY TRANSMITT<br>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 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 h<br>cable system carried th<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). For | ERS: TELEVISIC<br>G, identify every<br>system during the<br>ions in effect on<br>6.61(e)(2) and (<br>sis, as explaine<br><b>stations:</b> With 1<br>CC rules, regula<br>here in space<br>only on a subs<br>and also in space<br>only on a subs<br>and also in space<br>formation concur-<br>the station's call<br>associated with<br>-2". Simulcast<br>e channel number<br>(stem carried the<br>in each case with<br>in each case w | 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 lis<br>titute basis.<br>ace I, if the sta<br>serning substif<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Chi-<br>ne station.<br>whether the st<br>etter "N" (for n-<br>oncommercia<br>page (v) of the<br>tes" in column<br>on during the<br>me basis beca-<br>n or before Ju<br>mitter or an a-<br>o enter "E". If | period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>orizations:<br>t it in space I (the<br>ation was carried<br>to a station<br>report 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>I educational), or<br>e general instruct<br>A, you must cor<br>accounting period<br>asam that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the | (1) stations carried<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>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 designal<br>column 1 (list each<br>the television stati-<br>ington, D.C. This<br>with station, an inder<br>for network multion<br>r "E-M" (for nonco-<br>ctions located in the<br>inplete column 5, so<br>od. Indicate by en-<br>citivated channel<br>ubject to a royalty<br>stween a cable sys-<br>senting the prima<br>channel on any of | 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>able system on a substitute program<br>ent and Program Log)—if the<br>cute 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>mmercial 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>r payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>her basis, enter "O." For a further | G<br>Primary<br>Transmitters:<br>Television |
| explanation of these the<br>Column 6: Give the  | ree categories<br>e location of ea  | , see page (v)<br>ch station. Fo   | 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<br>which the station is identifed.  |   |
| Note: If you are utilizin   | ig multiple char  |  | •   |   | 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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| FORM SA3E. PAGE 3.  |   |  |  |  |  |   |
|---|---|--|--|--|--|---|
| LEGAL NAME OF OWNER   |   | STEM:  |  |  | SYSTEM ID#   | Name  |
| CABLE ONE, INC.   |   |  |  |  | 006545   |   |
| PRIMARY TRANSMITTERS  | : TELEVISIC   | <b>N</b>   |  |  |  |   |
| <ul> <li>PRIMARY TRANSMITTERS</li> <li>In General: In space G, ic carried by your cable syster</li> <li>FCC rules and regulations</li> <li>76.59(d)(2) and (4), 76.61</li> <li>substitute program basis,</li> <li>Substitute Basis Statistical basis under specific FCC r</li> <li>Do not list the station here, and basis. For further inform in the paper SA3 form.</li> <li>Column 1: List each st each multicast stream ass "WETA-2".</li> <li>WETA-simulcast).</li> <li>Column 2: Give the christ community of license. For which your cable syster</li> <li>Column 3: Indicate in a educational station, by end (for independent multicast For the meaning of these for the meaning of these for the distant station for the retransmission of a written agreement end the cable system and a pr tion "E" (exempt). For simulation of local service and the cable system and a pr tion "E" (exempt). For simulation of community of the cable system and a pr tion "E" (exempt). For simulation of community of the station of a written agreement end the cable system and a pr tion "E" (exempt). For simulation of community of the station of a written agreement end the cable system and a pr tion "E" (exempt). For simulation of community (exempt).</li> </ul> | E: TELEVISIC<br>dentify every<br>em during th<br>s in effect or<br>(e)(2) and (-<br>as explaine<br>ions: With r<br>rules, regula<br>re in space<br>y on a subsi<br>d also in spa<br>mation conc<br>tation's call<br>sociated with<br>. Simulcast st<br>mannel numb<br>For example<br>em carried th<br>each case v<br>tering the le<br>th, "E" (for no<br>terms, see p<br>an is outside<br>e entered "Ye<br>distant static<br>on a part-tir<br>of a distant<br>tered into or<br>rimary transi<br>ulcasts, also | v television sta<br>ne accounting<br>n June 24, 198<br>4), or 76.63 (r<br>d in the next p<br>espect to any<br>titons, or auth<br>G—but do list<br>titute basis.<br>ce I, if the sta<br>erning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>e station.<br>whether the st<br>tter "N" (for ne<br>page (v) of the<br>the local serv<br>age in column<br>on during the a<br>multicast stree<br>n or before Ju<br>mitter or an as<br>p enter "E". If | a period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>a distant stations<br>orizations:<br>t it in space I (the<br>tition was carried<br>ute basis station<br>eport origination<br>cording to its own<br>be reported in or<br>as assigned to fa<br>annel 4 in Wash<br>ation is a networ<br>etwork), "N-M" (<br>e deucational), or<br>e general instruct<br>accounting period<br>ause of lack of a<br>sam that is not s<br>ne 30, 2009, be<br>ssociation repre-<br>you carried the | (1) stations carrie<br>the carriage of certa<br>1(e)(2) and (4))]; a<br>carried by your of<br>e Special Stateme<br>d both on a substitu-<br>ns, see page (v) o<br>n program service<br>er-the-air designa<br>column 1 (list each<br>the television stati-<br>ington, D.C. This<br>with station, an inde<br>for network multic<br>r "E-M" (for nonco-<br>ctions located in the<br>inplete column 5, so<br>od. Indicate by enti-<br>ctivated channel o<br>ubject to a royalty<br>etween a cable sys<br>senting the primal<br>channel on any of | e and low power television stations)<br>ad 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>cute 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>mmercial 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>r payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>her basis, enter "O." For a further | G<br>Primary<br>Transmitters:<br>Television |
|   | cation of eac<br>adian statio   | ch station. Fo<br>ns, if any, give   | r U.S. stations,<br>e the name of th   | list the community<br>ne community with  | y to which the station is licensed by the<br>which the station is identifed.   |   |
|   |   | CHANN  | EL LINE-UP   | AM   |  |   |
| SIGN  | 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   |  | (STEM:   |  |   | SYSTEM ID#   | Name  |
| CABLE ONE, I  | NC.  |  |  |   | 006545   |   |
| 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 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 5: If you h<br>cable system carried th<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 case of the station's call<br>the case of the station's call<br>associated with<br>the case 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 distan | y television sta<br>he accounting<br>h June 24, 198<br>4), or 76.63 (r<br>d in the next p<br>respect to any<br>ations, or auth<br>G—but do list<br>titute basis.<br>Ince I, if the sta<br>erning 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>titter "N" (for ne<br>procommercial<br>page (v) of the<br>the local serv<br>age (v) of the<br>the local serv<br>age (v) of the<br>ses" in column<br>on during the a<br>multicast stree<br>n or before Ju<br>mitter or an as<br>po enter "E". If<br>, see page (v) | period, except<br>81, permitting th<br>eferring to 76.6<br>baragraph.<br>distant stations<br>orizations:<br>it in space I (th<br>tion 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>4, you must cor<br>accounting perior<br>use 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, | (1) stations carried<br>the 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 designal<br>column 1 (list each<br>the television stati-<br>ington, D.C. This<br>rk station, an inder<br>for network multion<br>r "E-M" (for nonco-<br>ctions located in the<br>inplete column 5, so<br>od. Indicate by em-<br>ctivated channel of<br>ubject to a royalty-<br>tween a cable sys-<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 utilizir   | ng multiple char   | nnel line-ups,   | use a separate   | space G for each  | channel line-up.   |   |
|   |  | CHANN  | EL LINE-UP   | AN  |  |   |
| 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   |   | /STEM:   |   |   | SYSTEM ID#  | Name  |
| CABLE ONE, IN   | NC.   |  |   |   | 006545  |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO  | DN   |   |   |   |   |
| PRIMARY TRANSMITT<br>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 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 h<br>cable system carried th<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). For | ERS: TELEVISIC<br>G, identify every<br>system during the<br>ions in effect on<br>6.61(e)(2) and (<br>sis, as explaine<br><b>Stations:</b> With 1<br>CC rules, regula<br>here in space<br>only on a subs<br>and also in space<br>only on a subs<br>and also in space<br>formation concur-<br>the station's call<br>associated with<br>-2". Simulcast<br>e channel number<br>(stem carried the<br>in each case with<br>in each case w | y television str<br>he accounting<br>h 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 sta<br>erning substit<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>b, WRC is Cha<br>he station.<br>whether the st<br>tter "N" (for mo-<br>procommercial<br>page (v) of the<br>the local serv<br>age (v) of the<br>es" in column<br>on during the a<br>multicast streen<br>n or before Ju<br>mitter or an as<br>ponter "E". If | period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>orizations:<br>t it in space I (the<br>ation was carried<br>to a station<br>report 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>I educational), or<br>e general instruct<br>A, you must cor<br>accounting period<br>asam that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the | (1) stations carried<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>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 designal<br>column 1 (list each<br>the television stati-<br>ington, D.C. This<br>with station, an inder<br>for network multion<br>r "E-M" (for nonco-<br>ctions located in the<br>inplete column 5, so<br>od. Indicate by en-<br>citivated channel<br>ubject to a royalty<br>stween a cable sys-<br>senting the prima<br>channel on any of | 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>able system on a substitute program<br>ent and Program Log)—if the<br>cute 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>mmercial 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>r payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>her basis, enter "O." For a further | G<br>Primary<br>Transmitters:<br>Television |
| tion "E" (exempt). For a explanation of these the   | simulcasts, also<br>iree categories   | o enter "E". If<br>, see page (v)  | you carried the<br>) of the general i   | channel on any of<br>instructions locate  | ,   |   |
|   | Canadian statio   | ns, if any, giv  | e the name of th  | ne community with   | which the station is identifed.   |   |
|   | T   | 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  |   |
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| FORM SA3E. PAGE 3.  |  |  |   |   |  |   |
|---|--|--|---|---|--|---|
| LEGAL NAME OF OWN   |  | /STEM:   |   |   | SYSTEM ID#   | Name  |
| CABLE ONE, IN   | IC.  |  |   |   | 006545   |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO   | DN   |   |   |  |   |
| PRIMARY TRANSMITTE<br>In General: In space (<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 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 multid<br>For the meaning of the<br>Column 5: If you has<br>cable system carried th<br>carried the distant stati<br>For the retransmiss<br>of a written agreement | <b>RS: TELEVISIC</b><br><b>G</b> , identify even<br>ystem during ti<br>ons in effect or<br>.61(e)(2) and (<br>isis, as explaine<br><b>itations:</b> With n<br>C rules, regula<br>here in space<br>only on a subs<br>and also in space<br>formation conc<br>rm.<br>h station's call<br>associated with<br>-2". Simulcast<br>e channel numble<br>e. For example<br>stem carried th<br>in each case w<br>entering the le<br>cast), "E" (for m<br>se terms, see pa<br>ave entered "Yu<br>he distant static<br>ion on a part-tir<br>ion of a distant<br>entered into on | y television stu-<br>he accounting<br>n June 24, 194<br>4), or 76.63 (r<br>d in the next j<br>respect to any<br>ations, or auth<br>G—but do list<br>titute basis.<br>Ince I, if the sta-<br>erning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha-<br>ne station.<br>whether the st<br>ther "N" (for no<br>page (v) of the<br>es" in column<br>on during the a<br>multicast stream | period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>distant stations<br>orizations:<br>t it in space I (the<br>ation was carried<br>tute basis station<br>report origination<br>cording to its ow<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>ation is a network), "N-M" (<br>I 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>ine 30, 2009, be | (1) stations carrie<br>the 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>ingtent"), enter "Ye<br>ions located in the<br>mplete column 5, so<br>ad. Indicate by em-<br>ctivated channel of<br>ubject to a royalty<br>ween a cable sys- | 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>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>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 |
| 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  | entered into or<br>a primary trans<br>simulcasts, also<br>ree categories<br>e location of ea<br>Canadian statio  | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv  | ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general i<br>r U.S. stations,<br>e the name of th   | etween a cable systemating the prima<br>channel on any of<br>instructions locate<br>list the community<br>are community with  | stem or an association representing<br>ry transmitter, enter the designa-<br>her 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.   |   |
|   |  | CHANN  | EL LINE-UP  | AP  |  |   |
| 1. CALL   | 2. B'CAST  | 3. TYPE  |   | 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.  |   |   |   |   |  |   |
|---|---|---|---|---|--|---|
| LEGAL NAME OF OWN   |   | YSTEM:  |   |   | SYSTEM ID#   | Name  |
| CABLE ONE, I  | NC.   |   |   |   | 006545   |   |
| PRIMARY TRANSMITTI  | ERS: TELEVISIO  | ON  |   |   |  |   |
| In General: In space (<br>carried by your cables s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program bas<br>Substitute Basis S<br>pasis under specific 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>NETA-simulcast).<br>Column 2: Give the<br>ts 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 5: If you h<br>cable system carried the<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>he cable system and<br>ion "E" (exempt). For<br>explanation of these th<br>Column 6: Give the | G, identify even<br>system during to<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>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>set for example<br>stem carried th<br>in each case w<br>e entering the le<br>cast), "E" (for n<br>set terms, see<br>ation is outside<br>ce area, see p<br>ave entered "Y"<br>the distant static<br>ion on a parti-<br>ion of a distant<br>i entered into o<br>a primary trans<br>simulcasts, also<br>ree categories<br>e location of ead | y television st<br>he accounting<br>n June 24, 19<br>4), or 76.63 (i<br>cd 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 substi<br>sign. Do not th<br>h a station ac<br>streams must<br>ber the FCC h<br>e, WRC is Ch<br>ne station.<br>whether the si<br>etter "N" (for n<br>oncommercia<br>page (v) of the<br>the local sen<br>age (v) of the<br>eme basis becas<br>c multicast stra<br>n or before Ju<br>mitter or an a<br>o 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 f<br>annel 4 in Wash<br>tation is a netwo<br>etwork), "N-M" (i<br>I educational), o<br>e general instruct<br>4, you must cor<br>accounting perio<br>ause of lack of a<br>esem that is not s<br>une 30, 2009, be<br>ssociation repre<br>you carried the<br>) of the general io<br>r U.S. stations, i | (1) stations carrie<br>the 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 service:<br>er-the-air designat<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>ington, D.C. This<br>for network multic<br>r "E-M" (for nonco<br>ctions located in the<br>nplete column 5, s<br>od. Indicate by ent<br>ctivated channel o<br>ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community | 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 | G<br>Primary<br>Transmitters:<br>Television |
| Note: If you are utilizir   | ig multiple char  | nnel line-ups,  | use a separate  | space G for each  | channel line-up.   |   |
|   |   | CHANN   | EL LINE-UP  | AQ  |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | (Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
|   | NOMBER  |   |   |   |  |   |
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| FORM SA3E. PAGE 3.  |  |  |  |   |  |   |
|---|--|--|--|---|--|---|
| LEGAL NAME OF OWN   |  | /STEM:   |  |   | SYSTEM ID#   | Name  |
| CABLE ONE, IN   | IC.  |  |  |   | 006545   |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO   | DN   |  |   |  |   |
| PRIMARY TRANSMITTE<br>In General: In space (<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 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 4: If the stat<br>planation of local servi<br>Column 5: If you ha<br>cable system carried th<br>carried the distant stati<br>For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s | <b>FRS: TELEVISIC</b><br><b>G</b> , identify even<br>ystem during ti<br>ons in effect or<br>.61(e)(2) and (<br>isis, as explaine<br><b>itations:</b> With n<br>C rules, regula<br>here in space<br>only on a subs<br>and also in space<br>formation conc<br>m.<br>h station's call<br>associated with<br>-2". Simulcast<br>e channel numb<br>estem carried th<br>in each case w<br>entering the le<br>cast), "E" (for m<br>se terms, see le<br>ation is outside<br>ce area, see pa<br>ave entered "Yo<br>he distant static<br>ion of a distant<br>entered into of<br>a primary trans<br>simulcasts, also | y television str<br>he accounting<br>h 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 sta<br>erning substit<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>b, WRC is Cha<br>he station.<br>whether the st<br>tter "N" (for mo-<br>procommercial<br>page (v) of the<br>the local serv<br>age (v) of the<br>es" in column<br>on during the a<br>multicast streen<br>n or before Ju<br>mitter or an as<br>ponter "E". If | 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 ow<br>be reported in or<br>as assigned to f<br>annel 4 in Wash<br>ation is a netwo<br>etwork), "N-M" (i<br>I educational), o<br>e general instructi<br>4, you must cor<br>accounting perio<br>ause of lack of a<br>sam that is not s<br>une 30, 2009, be<br>ssociation repre | (1) stations carried<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>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 designal<br>column 1 (list each<br>the television stati-<br>ington, D.C. This<br>with station, an inder<br>for network multion<br>r "E-M" (for nonco-<br>ctions located in the<br>inplete column 5, so<br>od. Indicate by en-<br>citivated channel<br>ubject to a royalty<br>stween a cable sys-<br>senting the prima<br>channel on any of | 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<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>ependent station, or a noncommercial<br>ast), "I" (for independent), "I-M"<br>mmercial educational multicast).<br>te paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| Column 6: Give the  | e location of ea<br>Canadian statio  | ch station. Fo<br>ns, if any, giv  | r U.S. stations,<br>e the name of th   | list the community<br>ne community with   | to which the station is licensed by the which the station is identifed.  |   |
|   |  | 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.  |   |  |   |   |   |   |
|---|---|--|---|---|---|---|
| LEGAL NAME OF OWN   |   | /STEM:   |   |   | SYSTEM ID#  | Name  |
| CABLE ONE, IN   | NC.   |  |   |   | 006545  |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO  | ON   |   |   |   |   |
| PRIMARY TRANSMITT<br>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 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 h<br>cable system carried th<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). For | ERS: TELEVISIC<br>G, identify every<br>system during the<br>ions in effect on<br>6.61(e)(2) and (<br>sis, as explaine<br><b>stations:</b> With 1<br>CC rules, regula<br>here in space<br>only on a subs<br>and also in space<br>only on a subs<br>and also in space<br>formation concur-<br>the station's call<br>associated with<br>-2". Simulcast<br>e channel number<br>(stem carried the<br>in each case with<br>in each case w | 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 lis<br>titute basis.<br>ace I, if the sta<br>serning substif<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Chi-<br>ne station.<br>whether the st<br>etter "N" (for n-<br>oncommercia<br>page (v) of the<br>tes" in column<br>on during the<br>me basis beca-<br>n or before Ju<br>mitter or an a-<br>o enter "E". If | period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>orizations:<br>t it in space I (the<br>ation was carried<br>to a station<br>report 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>I educational), or<br>e general instruct<br>A, you must cor<br>accounting period<br>asam that is not s<br>ine 30, 2009, be<br>ssociation repre<br>you carried the | (1) stations carried<br>the carriage of cert<br>1(e)(2) and (4))]; a<br>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 designal<br>column 1 (list each<br>the television stati-<br>ington, D.C. This<br>with station, an inder<br>for network multion<br>r "E-M" (for nonco-<br>ctions located in the<br>inplete column 5, so<br>od. Indicate by en-<br>citivated channel<br>ubject to a royalty<br>stween a cable sys-<br>senting the prima<br>channel on any of | 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>able system on a substitute program<br>ent and Program Log)—if the<br>cute 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>mmercial 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>r payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>her basis, enter "O." For a further | G<br>Primary<br>Transmitters:<br>Television |
| tion "E" (exempt). For a explanation of these the   | simulcasts, also<br>iree categories   | o enter "E". If<br>, see page (v)  | you carried the<br>) of the general i   | channel on any of<br>instructions locate  | ,   |   |
| FCC. For Mexican or C<br>Note: If you are utilizin  |   | nnel line-ups,   | use a separate  | space G for each  | a which the station is identifed.<br>channel line-up.   |   |
|   | 1   | CHANN  | EL LINE-UP  | AS  |   |   |
| 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  |  | (STEM:  |  |   | SYSTEM ID  | Namo  |
| CABLE ONE, IN  | NC.  |   |  |   | 00654  | 5   |
| PRIMARY TRANSMITTE   | ERS: TELEVISIO   | DN  |  |   |  |   |
| n General: In space (<br>carried by your cables s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas<br><b>Substitute Basis</b><br>Dasis under specific 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><b>Column 1:</b> List eace<br>each multicast stream<br>cast stream as "WETA<br>NETA-simulcast).<br><b>Column 2:</b> Give the<br>ts 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>banation of local servi<br><b>Column 5:</b> If you has | G, identify even<br>system during t<br>ions in effect or<br>8.61(e)(2) and (<br>sis, as explaine<br><b>Stations:</b> With r<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>set for example<br>ystem carried th<br>in each case v<br>e entering the le<br>cast), "E" (for n<br>set terms, see<br>ation is outside<br>ce area, see p<br>ave entered "Yo<br>he distant station | y television st<br>he accounting<br>h 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>ace I, if the sta<br>erning substif<br>sign. Do not r<br>h a station ac<br>streams must<br>ber the FCC h<br>e, WRC is Ch<br>he station.<br>whether the station<br>tter "N" (for n<br>oncommercia<br>page (v) of the<br>the local sen<br>age (v) of the<br>me 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 perio<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>tating the basis on which your<br>ering "LAC" if your cable system  | G<br>Primary<br>Transmitters:<br>Television |
| For the retransmiss<br>of a written agreement<br>the cable system and a<br>ion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the   | t entered into o<br>a primary trans<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>ssociation 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>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                   |   |
| 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   | t entered into o<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>o 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  | 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>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   | t entered into o<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>nnel 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 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   | t entered into o<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>nnel line-ups,<br>CHANN  | 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 systematic the primaric channel on any of instructions locate list the community with 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.<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   | t entered into o<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>nnel 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 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   | t entered into o<br>a primary trans<br>simulcasts, also<br>nee categories<br>e location of ea<br>Canadian statio<br>ng multiple char<br>2. B'CAST  | 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  | 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>AT</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   | t entered into o<br>a primary trans<br>simulcasts, also<br>nee categories<br>e location of ea<br>Canadian statio<br>ng multiple chan<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 systemating the primarichannel on any of instructions locate list the community with space G for each <b>AT</b> 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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| 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   | t entered into o<br>a primary trans<br>simulcasts, also<br>nee categories<br>e location of ea<br>Canadian statio<br>ng multiple chan<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 systemating the primarichannel on any of instructions locate list the community with space G for each <b>AT</b> 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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| For the retransmiss<br>of a written agreement<br>the 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  | t entered into o<br>a primary trans<br>simulcasts, also<br>nee categories<br>e location of ea<br>Canadian statio<br>ng multiple chan<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 systemating the primarichannel on any of instructions locate list the community with space G for each <b>AT</b> 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>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  | t entered into o<br>a primary trans<br>simulcasts, also<br>nee categories<br>e location of ea<br>Canadian statio<br>ng multiple chan<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 systemating the primarichannel on any of instructions locate list the community with space G for each <b>AT</b> 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>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  | t entered into o<br>a primary trans<br>simulcasts, also<br>nee categories<br>e location of ea<br>Canadian statio<br>ng multiple chan<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 systemating the primarichannel on any of instructions locate list the community with space G for each <b>AT</b> 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   | t entered into o<br>a primary trans<br>simulcasts, also<br>nee categories<br>e location of ea<br>Canadian statio<br>ng multiple chan<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 systemating the primarichannel on any of instructions locate list the community with space G for each <b>AT</b> 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   | t entered into o<br>a primary trans<br>simulcasts, also<br>nee categories<br>e location of ea<br>Canadian statio<br>ng multiple chan<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 systemating the primarichannel on any of instructions locate list the community with space G for each <b>AT</b> 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   | t entered into o<br>a primary trans<br>simulcasts, also<br>nee categories<br>e location of ea<br>Canadian statio<br>ng multiple chan<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 systemating the primarichannel on any of instructions locate list the community with space G for each <b>AT</b> 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   | t entered into o<br>a primary trans<br>simulcasts, also<br>nee categories<br>e location of ea<br>Canadian statio<br>ng multiple chan<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 systemating the primarichannel on any of instructions locate list the community with space G for each <b>AT</b> 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. |   |

| FORM SA3E. PAGE 3.   |  |  |  |  |  |   |
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| LEGAL NAME OF OWN  |  | (STEM:   |  |  | SYSTEM ID#   | Name  |
| CABLE ONE, IN  | NC.  |  |  |  | 006545   |   |
| PRIMARY TRANSMITTE   | 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 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 multid<br>For the meaning of the<br>Column 4: If the st<br>planation of local servit | 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 I<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>set for example<br>ystem carried the<br>in each case v<br>e entering the le<br>cast), "E" (for n<br>ise terms, see<br>ation is outside<br>ce area, see pa | y television sta<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>titions, or auth<br>G—but do list<br>titute basis.<br>ace I, if the sta<br>erning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>he station.<br>whether the st<br>tter "N" (for no<br>poncommercial<br>page (v) of the<br>the local serv<br>age (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>use basis station<br>report origination<br>cording to its over<br>be reported in or<br>annel 4 in Wash<br>ration is a netwo<br>etwork), "N-M" (<br>I educational), o<br>e general instructi | (1) stations carrie<br>the 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 designal<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>ions located in the | s". If not, enter "No". For an ex-   | G<br>Primary<br>Transmitters:<br>Television |
| •  |  |  | •  | •  | stating the basis on which your<br>ering "LAC" if your cable system  |   |
| 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   | ion of a distant<br>entered into o<br>a primary trans<br>simulcasts, also<br>aree categories<br>e location of ea<br>Canadian statio  | multicast stree<br>n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>nnel line-ups,   | eam that is not s<br>one 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general i<br>r U.S. stations,<br>e the name of th<br>use a separate   | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each  | 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. |   |
|  | 1  | 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.   |  |   |  |   |   |   |
|--|--|---|--|---|---|---|
| LEGAL NAME OF OWN  |  | (STEM:  |  |   | SYSTEM ID#  | Name  |
| CABLE ONE, IN  | IC.  |   |  |   | 006545  |   |
| PRIMARY TRANSMITTE   | 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>pasis under specific 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>NETA-simulcast).<br>Column 2: Give the<br>ts 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 tt<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and a<br>ion "E" (exempt). For<br>explanation of these th<br>Column 6: Give the | G, identify even<br>system during<br>ions in effect or<br>6.61(e)(2) and (<br>isis, as explaine<br><b>itations:</b> With in<br>CC rules, regula<br>here in space<br>only on a subs<br>and also in spa<br>formation conc<br>rm.<br>h station's call<br>associated with<br>-2". Simulcast<br>e channel numl<br>ise. For example<br>stem carried th<br>in each case w<br>entering the le<br>cast), "E" (for n<br>ise terms, see<br>ation is outside<br>ce area, see p<br>ave entered "Y"<br>he distant static<br>ion on a parti-<br>ion of a distant<br>entered into o<br>a primary trans<br>simulcasts, also<br>ree categories | 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 staterning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Chi-<br>ne station.<br>whether the station.<br>whether the station.<br>whether the station.<br>whether the station<br>apage (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>iorizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its over<br>the reported in or<br>has assigned to f<br>annel 4 in Wash<br>tation is a netwo<br>etwork), "N-M" (i<br>I educational), o<br>e general instruct<br>4, you must cor<br>accounting period<br>ause of lack of a<br>esem that is not s<br>une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general in<br>tr U.S. stations, i | (1) stations carrie<br>the 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 service:<br>er-the-air designat<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>ington, D.C. This<br>for network multic<br>r "E-M" (for nonco<br>ctions located in the<br>nplete column 5, s<br>od. Indicate by ent<br>ctivated channel o<br>ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>tating the basis on which your<br>ering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
| lote: If you are utilizir  | g 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  | (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   |                                     | /STEM:                   |                                      |   | SYSTEM ID#  | Name |
| CABLE ONE, IN   | NC.                                 |                          |                                      |   | 006545  |      |
| PRIMARY TRANSMITT   | ERS: TELEVISIO                      | ON                       |                                      |   |   |      |
| CABLE ONE, INC.         006545           PRIMARY TRANSMITTERS: TELEVISION         In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute basis studer basis, as explained in the next paragraph.           Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:           • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.           • Lit the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.           Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multi-cast stream asociated with a station according to its over-the-air designation. For example, report multi-cast stream asociated with a station according to its over-the-air designation. For example, were the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.           Column 3: Indicate in each case whether the station is a network station, |                                     |                          |                                      |   |   |      |
| Column 6: Give the<br>FCC. For Mexican or 0   | e location of ea<br>Canadian statio | ch station. Fo           | r U.S. stations,<br>e the name of th | list the community<br>ne community with | y to which the station is licensed by the which the station is identifed. |      |
| Note: If you are utilizir   | ig multiple char                    |                          | •                                    |   | channel line-up.  |      |
|   |                                     |                          | EL LINE-UP                           |   |   |      |
| 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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| Name                                   | LEGAL NAME OF C |          | E SYSTE | М:                  |                  |           |          |     | SYSTEM ID#<br>006545 |  |  |
|--|-----------------|----------|---------|---------------------|------------------|-----------|----------|-----|----------------------|--|--|
| H<br>Primary<br>Transmitters:<br>Radio |                 |          |         |                     |                  |           |          |     |                      |  |  |
| l                                      |                 |          |         |                     |                  |           | ,        |     |                      |  |  |
|  | CALL SIGN       | AM or FM | S/D     | LOCATION OF STATION | П                | CALL SIGN | AM or FM | S/D | LOCATION OF STATION  |  |  |
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| LEGAL NAME OF OWNER OF CABLE ONE, INC.  | CABLE SYST   | EM:  |   |   |   | SYSTEM ID#<br>006545 | Name                         |
|---|--|--|---|---|---|----------------------|------------------------------|
| SUBSTITUTE CARRIAGE   | : SPECIA   |  | IT AND PROGRAM LOG  | 1   |   |                      |                              |
| In General: In space I, identi<br>substitute basis during the ac  | ify every nor<br>ccounting pe  | nnetwork televis<br>eriod, under spe   | ion program broadcast by a<br>cific present and former FC   | distant statio<br>C rules, regul  | ations, or authorizations.  | For a further        | Substitute                   |
| 1. SPECIAL STATEMENT  |  |  |   | e general insu  | uctions located in the pa   | per SAS lonn.        | Carriage:                    |
| During the accounting per   |  |  |   | s, any nonne  | twork television prograr  | n                    | Special                      |
| broadcast by a distant stat   |  | , <b>,</b>   | ,,  | -,- <b>,</b>  | Yes   | XNo                  | Statement and<br>Program Log |
| <b>Note:</b> If your answer is "No' log in block 2.   | ", leave the   | rest of this pag   | e blank. If your answer is '  | ʻYes," you mi   | ust complete the progra   | m                    |                              |
| period, was broadcast by a<br>under certain FCC rules, re<br>SA3 form for futher informat<br>titles, for example, "I Love L<br>Column 2: If the program<br>Column 3: Give the call s<br>Column 4: Give the broat<br>the case of Mexican or Can<br>Column 5: Give the mon<br>first. Example: for May 7 gives | titute progra<br>ce, please a<br>of every no<br>distant stat<br>gulations, c<br>tion. Do no<br>Lucy" or "NE<br>n was broad<br>sign of the s<br>adcast static<br>hadian static<br>th and day<br>ve "5/7." | im on a separa<br>attach additiona<br>nnetwork televi<br>ion and that your<br>authorizationa<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 | al pages.<br>ision program (substitute p<br>ur cable system substitute<br>s. See page (vi) of the gen<br>categories like "movies", or<br>76ers vs. Bulls."<br>r "Yes." Otherwise enter "N<br>sting the substitute progra<br>te community to which the<br>community with which the<br>tem carried the substitute p<br>gram was carried by your o | rogram) that,<br>d for the prog<br>eral instructio<br>"basketball".<br>lo."<br>m.<br>station is lice<br>station is lider<br>program. Use<br>cable system. | during the accounting<br>pramming of another sta<br>ons located in the paper<br>List specific program<br>nsed by the FCC or, in<br>ntified).<br>numerals, with the mor<br>List the times accurate | tion                 |                              |
| to delete under FCC rules a<br>gram was substituted for pr<br>effect on October 19, 1976.   | ogramming  |  | em was permitted to delete  | under FCC r   |   | 7. REASON            |                              |
| 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. TIMES<br>FROM — TO   | DELETION             |                              |
|   |  |  |   |   | _   |                      |                              |
|   |  |  |   |   |   |                      |                              |
|   |  |  |   |   |   |                      |                              |
|   |  |  |   |   |   |                      |                              |
|   |  |  |   |   |   |                      |                              |
|   |  |  |   |   |   |                      |                              |
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|   |  |  |   |   | _   |                      |                              |
|   |  |  |   |   | _   |                      |                              |
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|   |  |  |   |   | _   |                      |                              |
|   |  |  |   |   | _   |                      |                              |
|   |  |  |   |   |   |                      |                              |
|   |  |  |   |   |   |                      |                              |
|   |  |  |   |   |   |                      |                              |
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|   |  |  |   |   |   |                      |                              |
|   |  |  |   |   |   |                      |                              |

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FORM SA3E. PAGE 5.

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ACCOUNTING PERIOD: 2017/2

### ACCOUNTING PERIOD: 2017/2

FORM SA3E. PAGE 6.

|                              | LEGAL NAME OF C   | WNER OF CABLE   | SYSTEM:      |                 |      |               |       |              | SY    | STEM ID# |  |
|------------------------------|---|---|--------------|-----------------|------|---------------|-------|--------------|-------|----------|--|
| Name                         | CABLE ONE   | CABLE ONE, INC. 006545  |              |                 |      |               |       |              |       |          |  |
| J                            |   | PART-TIME CARRIAGE LOG<br>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- |              |                 |      |               |       |              |       |          |  |
| Part-Time<br>Carriage<br>Log | <ul> <li>ine 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><b>Column 1 (Call sign):</b> Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.</li> <li><b>Column 2 (Dates and hours of carriage):</b> 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 elevision 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 CAF | RIAGE |              |       |          |  |
|                              |   | WHEN  | I CARRIAGE O | CCURRED         |      |               | WHEN  | I CARRIAGE O | CCURF | RED      |  |
|                              | CALL SIGN   |   | Н            | OURS            |      | CALL SIGN     | -     | Н            | OURS  |          |  |
|                              |   | DATE  | FROM         | TO              |      |               | DATE  | FROM         |       | то       |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              | _               |      |               |       |              | _     |          |  |
|                              |   |   |              | _               |      |               |       |              | —     |          |  |
|                              |   |   |              | _               |      |               |       |              | _     |          |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              | _               |      |               |       |              |       |          |  |
|                              |   |   |              | _               |      |               |       |              |       |          |  |
|                              |   |   |              | _               |      |               |       |              | —     |          |  |
|                              |   |   |              | _               |      |               |       |              | _     |          |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              | _               |      |               |       |              |       |          |  |
|                              |   |   |              | _               |      |               |       |              |       |          |  |
|                              |   |   |              | _               |      |               |       |              | _     |          |  |
|                              |   |   |              | _               |      |               |       |              |       |          |  |
|                              |   |   |              | _               |      |               |       |              |       |          |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              |                 |      |               |       |              |       |          |  |
|                              |   |   |              | -               |      |               |       |              |       |          |  |
|                              |   |   |              | -               |      |               |       |              |       |          |  |

| FORM  | SA3E. PAGE 7.   |                        |            |   |  |  |  |  |
|---|---|------------------------|------------|---|--|--|--|--|
| LEGA  | L NAME OF OWNER OF CABLE SYSTEM:  |                        | SYSTEM ID# | Name  |  |  |  |  |
| CA  | BLE ONE, INC.   |                        | 006545     | Name  |  |  |  |  |
| Inst<br>all a<br>(as i<br>page  | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.       Gross receipts from subscribers for secondary transmission service(s) during the accounting period.       \$ 557,077.00         IMPORTANT: You must complete a statement in space P concerning gross receipts.       (Amount of gross receipts) |                        |            |   |  |  |  |  |
|   |   |                        |            |   |  |  |  |  |
| <ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul> |   |                        |            |   |  |  |  |  |
|   | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.  | e entered on line 1 of | f          |   |  |  |  |  |
| If pa<br>3 be   | rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ low.   | entered on line 2 in b | lock       |   |  |  |  |  |
|   | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.  | uld be entered on line | e          |   |  |  |  |  |
|   | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.   |                        |            |   |  |  |  |  |
|   | Line 1. Enter the amount of gross receipts from space K<br>Line 2. Multiply the amount in line 1 by 0.01064<br>Enter the result here.   | \$                     | 557,077.00 |   |  |  |  |  |
|   | This is your minimum fee.   | \$                     | 5,927.30   |   |  |  |  |  |
|   | <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 colun "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period year. No—Leave block 3 below blank and column television stations are block 3 below blank and column television.</li> </ul>  | nn 4, you must check   | ¢          |   |  |  |  |  |
| Block<br>3  | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero   | \$                     | 176.23     |   |  |  |  |  |
|   | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero  |                        | 621.10     |   |  |  |  |  |
|   | Line 3. Add lines 1 and 2 and enter here  | \$                     | 797.33     |   |  |  |  |  |
| 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   | \$                     | 5,927.30   | 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, enter<br>zero.  |                        | 0.00       | submitting<br>additional<br>deposits under                    |  |  |  |  |
|   | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9<br>(Interest Worksheet)  |                        | 0.00       | Section 111(d)(7)<br>should contact<br>the Licensing          |  |  |  |  |
|   | Line 4. FILING FEE  | \$                     | 725.00     | additional fees.<br>Division for the                          |  |  |  |  |
|   | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.         Add Lines 1, 2 and 3 of block 4 and enter total here   | \$                     | 6,652.30   | appropriate<br>form for<br>submitting the<br>additional fees. |  |  |  |  |
|   | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Signarrow general instructions located in the paper SA3 form for more information.)   | See page (i) of the    |            |   |  |  |  |  |

## ACCOUNTING PERIOD: 2017/2

| ACCOUNTING PERI                    |   | FORM SA3E. PAGE 8.        |
|------------------------------------|---|---------------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#<br>006545      |
|                                    | CABLE ONE, INC.   | 000545                    |
|                                    | CHANNELS  |                           |
| Μ                                  | <b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast  | 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  | 11                        |
|                                    | system carried television broadcast stations  |                           |
|                                    | 2. Enter the total number of activated channels   |                           |
|                                    | on which the cable system carried television broadcast stations   | 280                       |
|                                    | and nonbroadcast services   | 200                       |
| 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) 602-364-6  | 013                       |
|                                    |   |                           |
|                                    | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regi   | ulations.                 |
| 0                                  |   |                           |
| Certifcation                       | • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  |                           |
|                                    | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space  | B: or                     |
|                                    |   | 5, 01                     |
|                                    | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or             | system as identified      |
|                                    | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B.   | ner of the cable system   |
|                                    | • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained  | ed 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)]  |                           |
|                                    |   |                           |
|                                    |   |                           |
|                                    | X /s/ Raymond Storck  |                           |
|                                    | X /s/ Raymond Storck  |                           |
|                                    | Enter an electronic signature on the line above using an "/s/" signature to certify this statement.   | -                         |
|                                    | (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus |                           |
|                                    | Typed or printed name: RAYMOND STORCK   |                           |
|                                    |   |                           |
|                                    |   |                           |
|                                    |   |                           |
|                                    | (Title of official position held in corporation or partnership)   |                           |
|                                    |   |                           |
| 1                                  | Date: February 28, 2018   |                           |
| Privacy Act Notice                 | I<br>a: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informat   | ion (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 CARABLE ONE, INC.  | ABLE SYSTEM:   |  | SYSTEM ID#<br>006545        | Name                                      |
|---|--|--|-----------------------------|---|
| The Satellite Home View<br>lowing sentence:<br>"In determining t<br>service of provid | the total number of subscribers and the gling secondary transmissions of primary | <b>CEIPTS EXCLUSIONS</b><br>on 111(d)(1)(A), of the Copyright Act by add<br>gross amounts paid to the cable system for t<br>broadcast transmitters, the system shall not<br>ng secondary transmissions pursuant to sec | the basic<br>t include sub- | P<br>Special<br>Statement                 |
| paper SA3 form.<br>During the accounting p<br>made by satellite carrier<br>X NO       |  | ne note on page (vii) of the general instruction<br>amounts of gross receipts for secondary tra  |                             | Concerning<br>Gross Receipts<br>Exclusion |
| Name<br>Mailing Address   |  | Name<br>Mailing Address  |                             |   |
| INTEREST ASSES  | SMENTS   |  |                             |   |
|   |  | ubmitted as a result of a late payment or un<br>general instructions in the paper SA3 form.  |                             | Q   |
| Line 1 Enter the amou   | nt of late payment or underpayment   | x  |                             | Interest<br>Assessment                    |
| Line 2 Multiply line 1 b  | by the interest rate* and enter the sum he                                       | ere  | -<br>days                   |   |
| Line 3 Multiply line 2 b  | by the number of days late and enter the   |  | <br>0.00274                 |   |
|   | y 0.00274** enter here and on line 3, blo<br>L, (page 7)                         | <b>\$</b>  | -                           |   |
| contact the Licens  | sing Division at (202) 707-8150 or licensi                                       | <i>licensing/interest-rate.pdf.</i> For further assising@loc.gov.  | est charge)<br>tance please |   |
| NOTE: If you are filing t   | -  | est assessment for one day late.<br>Inccount already submitted to the Copyright C<br>Ccounting period, and ID number as given in   |                             |   |
| Owner Address   |  |  |                             |   |
| First community served<br>Accounting period<br>ID number                              |  |  |                             |   |
| Privacy Act Notice: Section 111   |  | Copyright Offce to collect the personally identifying info   | ormation (PII) requested or | n 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

## DSE SCHEDULE. PAGE 11. (CONTINUED)

| 1  | LEGAL NAME OF OWNER OF CABL  | E SYSTEM:   |           |     | SI        | STEM ID# |  |  |  |  |
|--|--|---|-----------|-----|-----------|----------|--|--|--|--|
| I  | CABLE ONE, INC.  |   |           |     |           | 006545   |  |  |  |  |
|  | <ul> <li>Add the DSEs of each station</li> <li>Enter the sum here and in line</li> </ul>   | 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.         0.50 |           |     |           |          |  |  |  |  |
| 2  | Instructions:  |   |           |     |           |          |  |  |  |  |
| Computation                              | In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5<br>of space G (page 3).<br>In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-<br>mercial educational station, give the DSE as ".25."<br>CATEGORY "O" STATIONS: DSEs |   |           |     |           |          |  |  |  |  |
| Stations                                 | CALL SIGN  | DSE   | CALL SIGN | DSE | CALL SIGN | DSE      |  |  |  |  |
|  | WJTV   | 0.250   |           |     |           |          |  |  |  |  |
|  | WLBT   | 0.250   |           |     |           |          |  |  |  |  |
|  |  |   |           |     |           |          |  |  |  |  |
|  |  |   |           |     |           |          |  |  |  |  |
|  |  |   |           |     |           |          |  |  |  |  |
| Add rows as                              |  |   |           |     |           |          |  |  |  |  |
| necessary.                               |  |   |           |     |           |          |  |  |  |  |
| Remember to copy<br>all formula into new |  |   |           |     |           |          |  |  |  |  |
| rows.                                    |  |   |           |     |           |          |  |  |  |  |
| 1003.                                    |  |   |           |     |           |          |  |  |  |  |
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|  |  |   |           |     |           |          |  |  |  |  |
|  |  |   |           |     |           |          |  |  |  |  |

| Name   | LEGAL NAME OF   |   |  |  |   |  |  | SYSTEM          |
|--|---|---|--|--|---|--|--|-----------------|
|  |   | <u>, INC.</u>   |  |  |   |  |  | 006             |
| <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 2<br>figure should<br>Column 2<br>be carried ou<br>Column 4<br>give the type<br>Column 6   | <ul> <li>CAPACITY</li> <li>ist the call sign of all distance</li> <li>2: For each station, give correspond with the info</li> <li>3: For each station, give</li> <li>4: Divide the figure in collated to the third decide</li> <li>5: For each independent</li> <li>-value as ".25."</li> <li>6: Multiply the figure in collated point. This is the station</li> </ul>  | the number of<br>rmation given<br>the total numb<br>umn 2 by the<br>imal point. Thi<br>station, give t<br>olumn 4 by the   | hours your cable syst<br>in space J. Calculate of<br>ber of hours that the sta<br>figure in column 3, and<br>s is the "basis of carria<br>he "type-value" as "1.0<br>e figure in column 5, and   | em carried the sta<br>only one DSE for<br>ation broadcast or<br>d give the result in<br>ge value" for the<br>." For each netwo  | ation during the accou<br>each station.<br>ver the air during the a<br>decimals in column 4<br>station.<br>ork or noncommercial<br>in column 6. Round to   | accounting period.<br>4. This figure must<br>educational station,<br>o no less than the  |                 |
| Capacity   |   | (   |  | Y LAC STATIONS   | : COMPUTAT  | ION OF DSEs  |  |                 |
|  | 1. CALL<br>SIGN   | 2. NUMBE<br>OF HO<br>CARRI<br>SYSTE   | ER<br>URS<br>ED BY   | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR   | 4. BASIS O<br>CARRIAC<br>VALUE  | F 5. TY  | ÍPE 6. D<br>ALUE   | SE              |
|  |   |   |  |  |   |  |  |                 |
|  |   |   |  |  |   |  |  |                 |
|  |   |   |  |  |   |  |  |                 |
|  |   |   | ÷  |  | =   | x  | =  |                 |
|  |   |   | ÷  |  | =   | x  |  |                 |
|  |   |   | ÷  |  | =   | x  | =  |                 |
| <b>4</b><br>Computation  | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effe  | s OF CATEGORY LAC 3<br>of each station.<br>um here and in line 2 of p<br>we the call sign of each s<br>d by your system in subs<br>ect on October 19, 1976<br>one or more live, nonnetw   | tation listed in titution for a p (as shown by   | space I (page 5, the L<br>rogram that your syste<br>the letter "P" in columi   | og of Substitute F<br>m was permitted<br>1 7 of space I); an  | Programs) if that static<br>to delete under FCC i  | rules and regular-   |                 |
| -<br>Computation<br>of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effor<br>• Broadcast of<br>space 1).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:  | of each station.<br>um here and in line 2 of p<br>ve the call sign of each si<br>d by your system in subs<br>ect on October 19, 1976<br>one or more live, nonnetw<br>For each station give the<br>This figure should corre<br>Enter the number of day<br>Divide the figure in colur   | tation listed in<br>titution for a p<br>(as shown by<br>york programs<br>e number of live<br>spond with the<br>rs in the calenor<br>mn 2 by the fig  | space I (page 5, the L<br>rogram that your syste<br>the letter "P" in column<br>during that optional car<br>ve, nonnetwork prograu<br>e information in space<br>dar year: 365, except i<br>jure in column 3, and g   | og of Substitute F<br>m was permitted<br>n 7 of space I); an<br>riage (as shown by<br>ms carried in subs<br>I.<br>n a leap year.<br>give the result in c  | Programs) if that static<br>to delete under FCC i<br>d<br>y the word "Yes" in colu<br>stitution for programs<br>column 4. Round to no  | on:<br>rules and regular-<br>umn 2 of<br>that were deleted<br>o less than the third  | orm)            |
| <b>4</b><br>Computation<br>of DSEs for<br>Substitute-<br>iasis Stations  | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effor<br>• Broadcast of<br>space 1).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:  | of each station.<br>um here and in line 2 of p<br>ve the call sign of each si<br>d by your system in subs<br>ect on October 19, 1976<br>one or more live, nonnetw<br>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  | tation listed in<br>titution for a p<br>(as shown by<br>york programs<br>e number of lives<br>pond with the<br>rs in the calend<br>mn 2 by the fig<br>(For more inf  | space I (page 5, the L<br>rogram that your syste<br>the letter "P" in column<br>during that optional car<br>ve, nonnetwork progran<br>e information in space<br>dar year: 365, except i<br>jure in column 3, and g<br>ormation on rounding,  | og of Substitute F<br>m was permitted<br>n 7 of space I); an<br>rriage (as shown by<br>ms carried in subs<br>I.<br>n a leap year.<br>give the result in c<br>see page (viii) of                                   | Programs) if that static<br>to delete under FCC i<br>id<br>y the word "Yes" in colu<br>stitution for programs<br>column 4. Round to no<br>the general instruction  | on:<br>rules and regular-<br>umn 2 of<br>that were deleted<br>o less than the third<br>ns in the paper SA3 fo  | orm).           |
| -<br>Computation<br>of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in eff<br>• Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.  | of each station.<br>um here and in line 2 of p<br>ve the call sign of each si<br>d by your system in subs<br>ect on October 19, 1976<br>one or more live, nonnetw<br>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  | tation listed in<br>titution for a p<br>(as shown by<br>york programs<br>e number of live<br>spond with the<br>rs in the calend<br>m 2 by the fig<br>c (For more inf   | space I (page 5, the L<br>rogram that your syste<br>the letter "P" in column<br>during that optional can<br>ve, nonnetwork program<br>e information in space<br>dar year: 365, except i<br>jure in column 3, and g<br>ormation on rounding,<br>-BASIS STATION  | og of Substitute F<br>m was permitted<br>n 7 of space I); an<br>riage (as shown by<br>ms carried in subs<br>I.<br>n a leap year.<br>give the result in c<br>see page (viii) of                                    | Programs) if that static<br>to delete under FCC i<br>d<br>y the word "Yes" in colu<br>stitution for programs<br>column 4. Round to no<br>the general instruction<br>ATION OF DSES                                | on:<br>rules and regular-<br>umn 2 of<br>that were deleted<br>o less than the third<br>ns in the paper SA3 fo  |                 |
| -<br>Computation<br>of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effor<br>• Broadcast of<br>space 1).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:  | of each station.<br>um here and in line 2 of p<br>ve the call sign of each si<br>d by your system in subs<br>ect on October 19, 1976<br>one or more live, nonnetw<br>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<br>SL<br>2. NUMBER<br>OF   | tation listed in<br>titution for a p<br>(as shown by<br>vork programs<br>e number of live<br>espond with the<br>s in the calend<br>mn 2 by the fig<br>(For more inf<br><u>IBSTITUTE</u><br>3. NUME<br>OF DA  | space I (page 5, the L<br>rogram that your syste<br>the letter "P" in column<br>during that optional can<br>ve, nonnetwork program<br>e information in space<br>dar year: 365, except i<br>gure in column 3, and g<br>ormation on rounding,<br>-BASIS STATION<br>BER 4. DSE<br>YS  | og of Substitute F<br>m was permitted<br>n 7 of space I); an<br>rriage (as shown by<br>ms carried in subs<br>I.<br>n a leap year.<br>give the result in c<br>see page (viii) of                                   | Programs) if that static<br>to delete under FCC i<br>d<br>y the word "Yes" in colu<br>stitution for programs<br>column 4. Round to no<br>the general instruction<br>ATION OF DSEs<br>2. NUMBER<br>OF             | on:<br>rules and regular-<br>umn 2 of<br>that were deleted<br>o less than the third<br>ons in the paper SA3 for<br>3. NUMBER<br>OF DAYS  |                 |
| -<br>Computation<br>of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in eff<br>• Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.  | of each station.<br>um here and in line 2 of p<br>ve the call sign of each si<br>d by your system in subs<br>ect on October 19, 1976<br>one or more live, nonnetw<br>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<br>SL<br>2. NUMBER<br>OF<br>PROGRAMS   | tation listed in<br>titution for a p<br>(as shown by<br>york programs<br>e number of live<br>spond with the<br>rs in the calend<br>mn 2 by the fig<br>c (For more inf<br>JBSTITUTE<br>3. NUME<br>OF DA<br>IN YEA   | space I (page 5, the L<br>rogram that your syste<br>the letter "P" in column<br>during that optional car<br>ve, nonnetwork program<br>e information in space<br>dar year: 365, except i<br>gure in column 3, and g<br>ormation on rounding,<br>-BASIS STATION<br>BER<br>YS<br>NR   | og of Substitute F<br>m was permitted<br>n 7 of space I); an<br>riage (as shown by<br>ms carried in subs<br>I.<br>n a leap year.<br>give the result in c<br>see page (viii) of<br>NS: COMPUT<br>1. CALL<br>SIGN   | Programs) if that static<br>to delete under FCC i<br>ad<br>y the word "Yes" in colu<br>stitution for programs<br>column 4. Round to no<br>the general instruction<br>ATION OF DSEs<br>2. NUMBER<br>OF<br>PROGRAM | on:<br>rules and regular-<br>umn 2 of<br>that were deleted<br>o less than the third<br>ons in the paper SA3 for<br>3. NUMBER<br>OF DAYS<br>IN YEAR   | 4. DS           |
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| -<br>Computation<br>of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carrier<br>tions in effe<br>• Broadcast of<br>space 1).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.<br>1. CALL<br>SIGN<br>SUM OF DSEs<br>Add the DSEs   | of each station.<br>um here and in line 2 of p<br>ve the call sign of each si<br>d by your system in subs<br>ect on October 19, 1976<br>one or more live, nonnetw<br>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<br>SL<br>2. NUMBER<br>OF<br>PROGRAMS   | tation listed in<br>titution for a p<br>(as shown by<br>york programs<br>e number of lives<br>pond with the<br>s in the calend<br>mn 2 by the fig<br>c (For more inf<br>JBSTITUTE<br>3. NUME<br>G DA<br>IN YEA<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>SIS STATIONS  | space I (page 5, the L<br>rogram that your syste<br>the letter "P" in column<br>during that optional car<br>re, nonnetwork program<br>e information in space<br>dar year: 365, except i<br>jure in column 3, and g<br>ormation on rounding,<br><b>E-BASIS STATION</b><br>BER 4. DSE<br>YS 4. DSE<br>=<br>=<br>=<br>=<br>=<br>=<br>=<br>= | og of Substitute F<br>m was permitted<br>n 7 of space I); an<br>riage (as shown by<br>ms carried in subs<br>I.<br>n a leap year.<br>give the result in c<br>see page (viii) of<br>NS: COMPUT/<br>1. CALL<br>SIGN  | Programs) if that static<br>to delete under FCC i<br>ad<br>y the word "Yes" in colu<br>stitution for programs<br>column 4. Round to no<br>the general instruction<br>ATION OF DSEs<br>2. NUMBER<br>OF<br>PROGRAM | on:<br>rules and regular-<br>umn 2 of<br>that were deleted<br>o less than the third<br>ons in the paper SA3 for<br>3. NUMBER<br>OF DAYS<br>IN YEAR<br>÷<br>÷   | 4. DS           |
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| Computation<br>of DSEs for<br>Substitute-<br>asis Stations   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effe<br>• Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.<br>1. CALL<br>SIGN<br>1. CALL<br>SIGN<br>SUM OF DSEs<br>Enter the su<br>number of DSE<br>1. Number of   | of each station.<br>um here and in line 2 of p<br>ve the call sign of each si<br>d by your system in subs<br>ect on October 19, 1976<br>one or more live, nonnetw<br>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<br>SL<br>2. NUMBER<br>OF<br>PROGRAMS<br>of each station.<br>um here and in line 3 of p<br>ER OF DSEs: Give the and<br>is applicable to your system<br>of DSEs from part 2● | tation listed in<br>titution for a p<br>(as shown by<br>york programs<br>e number of line<br>espond with the<br>sin the calency<br>m 2 by the fig<br>(For more inf<br>JBSTITUTE<br>3. NUME<br>OF DA<br>IN YEA<br>+<br>+<br>+<br>=<br>SIS STATIONS<br>point 5 of this sum<br>nounts from the  | space I (page 5, the L<br>rogram that your syste<br>the letter "P" in column<br>during that optional car<br>ve, nonnetwork program<br>e information in space<br>dar year: 365, except i<br>jure in column 3, and g<br>ormation on rounding,<br>E-BASIS STATION<br>BER 4. DSE<br>YS 4. DSE<br>SE<br>= = = = = = = = = = = = = = = = = = = | og of Substitute F<br>m was permitted<br>n 7 of space I); an<br>riage (as shown by<br>ms carried in subs<br>I.<br>n a leap year.<br>give the result in c<br>see page (viii) of<br>NS: COMPUT/<br>1. CALL<br>SIGN  | Programs) if that static<br>to delete under FCC i<br>ad<br>y the word "Yes" in colu<br>stitution for programs<br>column 4. Round to no<br>the general instruction<br>ATION OF DSEs<br>2. NUMBER<br>OF<br>PROGRAM | on:<br>rules and regular-<br>umn 2 of<br>that were deleted<br>o less than the third<br>ons in the paper SA3 for<br>3. NUMBER<br>OF DAYS<br>IN YEAR<br>+<br>+<br>+<br>+<br>+<br>+<br>.00                      | 4. DS           |
| Computation<br>of DSEs for<br>Substitute-<br>asis Stations   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effe<br>• Broadcast d<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.<br>1. CALL<br>SIGN<br>1. CALL<br>SIGN<br>SUM OF DSEs<br>Add the DSEs<br>Enter the su<br>TOTAL NUMBI<br>number of DSE<br>1. Number of<br>2. Number of | of each station.<br>um here and in line 2 of p<br>ve the call sign of each si<br>d by your system in subs<br>ect on October 19, 1976<br>one or more live, nonnetw<br>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<br>SL<br>2. NUMBER<br>OF<br>PROGRAMS<br>of each station.<br>um here and in line 3 of p<br>ER OF DSEs: Give the an<br>is applicable to your syste                           | tation listed in<br>titution for a p<br>(as shown by<br>york programs<br>e number of lik<br>sepond with the<br>sepond with the<br>s | space I (page 5, the L<br>rogram that your syste<br>the letter "P" in column<br>during that optional car<br>ve, nonnetwork program<br>e information in space<br>dar year: 365, except i<br>jure in column 3, and g<br>ormation on rounding,<br>E-BASIS STATION<br>BER 4. DSE<br>YS 4. DSE<br>SE<br>= = = = = = = = = = = = = = = = = = = | og of Substitute F<br>m was permitted<br>n 7 of space I); an<br>riage (as shown by<br>ms carried in subs<br>I.<br>n a leap year.<br>give the result in c<br>see page (viii) of<br>NS: COMPUT/<br>1. CALL<br>SIGN  | Programs) if that static<br>to delete under FCC i<br>ad<br>y the word "Yes" in colu<br>stitution for programs<br>column 4. Round to no<br>the general instruction<br>ATION OF DSEs<br>2. NUMBER<br>OF<br>PROGRAM | on:<br>rules and regular-<br>umn 2 of<br>that were deleted<br>o less than the third<br>ons in the paper SA3 for<br>3. NUMBER<br>OF DAYS<br>IN YEAR<br>÷<br>÷<br>÷  | 4. DS           |

## ACCOUNTING PERIOD: 2017/2

| LEGAL NAME OF C                                |   | SYSTEM:  |   |   |                                    |                                  | S                                      | YSTEM ID#<br>006545 | Name  |
|--|---|--|---|---|------------------------------------|----------------------------------|--|---------------------|---|
| Instructions: Blo<br>In block A:               | ck A must be com  | pleted.  |   |   |                                    |                                  |  |                     |   |
|  | "Yes," leave the r  | emainder of p  | part 6 and part   | 7 of the DSE sche   | edule blank ar                     | nd complete p                    | art 8, (page 16) of                    | fthe                | 6   |
| <ul> <li>If your answer if</li> </ul>          | "No," complete bl   |  |   |   |                                    |                                  |  |                     | Computation of                                |
| le the apple system                            |   |  |   | ELEVISION M   |                                    | action 76 E of                   |  | gulationa in        | 3.75 Fee                                      |
| effect on June 24,                             | , 1981?   |  |   | aller markets as de   |                                    |                                  |  | guiations in        |   |
|  | blete blocks B and  |  |   |   |                                    |                                  |  |                     |   |
|  |   | BLOC   |   |   |                                    | SEs.                             |  |                     |   |
| Column 1:                                      | l ist the call signs  |  |   | part 2, 3, and 4 of   |                                    |                                  | stem was permitte                      | d to carry          |   |
| CALL SIGN                                      | under FCC rules   | and regulations of the second se | ons prior to Ju<br>dule. (Note: Ti                              | ne 25, 1981. For fu<br>he letter M below r  | urther explana                     | ation of permit                  | ted stations, see t                    | he                  |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE | (Note the FCC ru<br>A Stations carri<br>76.61(b)(c)]                    | ules and regu<br>ed pursuant t   | lations cited b<br>to the FCC ma                                | asis on which you o<br>elow pertain to tho<br>ırket quota rules [7<br>76.59(d)(1), 76.61( | se in effect or<br>6.57, 76.59(b   | n June 24, 19<br>), 76.61(b)(c), | 76.63(a) referrinç                     | g tc                |   |
|  | C Noncommeric<br>D Grandfathered<br>instructions for<br>E Carried pursu | al educationa<br>d station (76.0<br>or DSE sched<br>ant to individu  | al station [76.5<br>65) (see parag<br>lule).<br>ual waiver of F | 9(c), 76.61(d), 76.<br>graph regarding su   | 63(a) referring<br>bstitution of g | g to 76.61(d)<br>randfathered    |  |                     |   |
|  |   | JHF station w  | vithin grade-B  | contour, [76.59(d)(   |                                    |                                  | ferring to 76.61(e)                    | (5)                 |   |
| Column 3:                                      |   | e stations ide   | ntified by the I  | n parts 2, 3, and 4<br>etter "F" in column  |                                    |                                  | worksheet on pag                       | e 14 of             |   |
| 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              |   |
| WLBT   | A   | 0.25   |   |   |                                    |                                  |  |                     |   |
|  |   |  |   |   |                                    |                                  |  |                     |   |
|  |   |  |   |   |                                    |                                  |  |                     |   |
|  |   |  |   |   |                                    |                                  |  |                     |   |
|  |   |  |   |   |                                    |                                  | •••••••••••••••••••••••••••••••••••••• | ······              |   |
|  |   |  |   |   |                                    |                                  |  | 0.25                |   |
|  |   | В  | LOCK C: CC  | MPUTATION OF  | - 3.75 FEE                         |                                  |  |                     |   |
| Line 1: Enter the                              | e total number of   | DSEs from  | part 5 of this  | schedule  |                                    |                                  |  |                     |   |
| Line 2: Enter the                              | e sum of permitte   | ed DSEs fror   | m block B ab  | ove   |                                    |                                  |  |                     |   |
|  |   |  |   | r of DSEs subjec<br>7 of this schedu  |                                    | rate.                            |  |                     |   |
| 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   | um here   |   |                                    |                                  |  |                     | permited/<br>partially                        |
| Line 6: Enter tot                              | al number of DS   | Es from line   | 3   |   |                                    |                                  | x                                      |                     | nonpermitted<br>carriage?<br>If yes, see part |
| Line 7: Multiply I                             | ine 6 by line 5 a   | nd enter her   | e and on line   | 2, block 3, spac  | e L (page 7)                       |                                  |  | 0.00                | 9 instructions.                               |
|  | ,   |  |   | , ,   | (13)                               |                                  | .JU                                    |                     |   |

DSE SCHEDULE. PAGE 13.

|                        | AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID |          |                 |                       |          |                 | Name                  |        |                           |
|------------------------|---|----------|-----------------|-----------------------|----------|-----------------|-----------------------|--------|---------------------------|
| CABLE ONE, INC. 006545 |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   |          |                 | ISION MARKET          |          |                 |                       |        | 6                         |
| 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 | 0                         |
|                        |   |          |                 |                       |          |                 |                       |        | Computation o<br>3.75 Fee |
|                        |   |          |                 |                       |          |                 |                       |        | 3.75166                   |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   | <b>-</b> |                 |                       |          |                 |                       |        |                           |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   | <b>-</b> |                 |                       |          |                 |                       |        |                           |
|                        |   | <b>-</b> |                 |                       | <b>-</b> |                 |                       |        |                           |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   | <b>-</b> |                 |                       |          |                 |                       |        |                           |
|                        |   | <b>-</b> |                 |                       |          |                 |                       |        |                           |
|                        |   | 1        |                 |                       |          |                 |                       |        |                           |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   | <b>-</b> |                 |                       |          |                 |                       |        |                           |
|                        |   | 1        |                 |                       |          |                 |                       |        |                           |
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|                        |   | <b>.</b> |                 |                       |          |                 |                       |        |                           |
|                        |   | <b>-</b> |                 |                       |          |                 |                       |        |                           |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
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|                        |   | +        |                 |                       |          |                 |                       |        |                           |
|                        | ••••  | <b>-</b> |                 |                       |          |                 |                       |        |                           |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   | <b>.</b> |                 |                       |          |                 |                       |        |                           |
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|                        |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
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|                        |   |          |                 |                       | <b>_</b> |                 |                       |        |                           |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   |          |                 |                       |          |                 |                       |        |                           |
|                        |   | <u>†</u> |                 |                       |          |                 |                       |        |                           |
|                        |   | I        |                 |                       |          |                 |                       |        |                           |
|                        |   | <b>.</b> |                 |                       | <b>.</b> |                 |                       |        |                           |

|   | •  |  |                                |                        |  |   | DSE SCHEDULE. PAGE 14.                        |  |  |  |  |
|---|--|--|--------------------------------|------------------------|--|---|---|--|--|--|--|
| Name  | LEGAL NAME OF OWN  |  | EM:                            |                        |  |   | SYSTEM ID#                                    |  |  |  |  |
| Name  | CABLE ONE, I   | NC.  |                                |                        |  |   | 006545  |  |  |  |  |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | <ul> <li>Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.</li> <li>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).</li> <li>B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).</li> <li>S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.</li> <li>Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.</li> <li>IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.</li> </ul> |  |                                |                        |  |   |   |  |  |  |  |
|   |  |  |                                |                        | D ON A PART-TIME A   |   | SIS   |  |  |  |  |
|   | 1. CALL  | 2. PRIOR   |                                | OUNTING                | 4. BASIS OF  | 5. PRESENT  | 6. PERMITTED                                  |  |  |  |  |
|   | SIGN   | 2. PRIOR<br>DSE  |                                | RIOD                   | 4. BASIS OF<br>CARRIAGE  | 5. PRESENT<br>DSE   | 6. PERMITTED                                  |  |  |  |  |
|   | 0001   | DOL  |                                |                        | OARRAGE  | DOL   | DOL   |  |  |  |  |
|   |  |  |                                |                        |  |   |   |  |  |  |  |
|   |  |  |                                |                        |  |   |   |  |  |  |  |
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|   |  |  | -+                             |                        |  |   |   |  |  |  |  |
|   |  |  |                                |                        |  |   |   |  |  |  |  |
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|   |  |  |                                |                        |  |   |   |  |  |  |  |
|   |  |  |                                |                        |  |   |   |  |  |  |  |
|   |  |  |                                |                        |  |   |   |  |  |  |  |
|   |  |  |                                |                        |  |   |   |  |  |  |  |
| 7<br>Computation<br>of the<br>Syndicated  | Instructions: Block A must be completed.<br>In block A:<br>If your answer is "Yes," complete blocks B and C, below.<br>If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.<br>BLOCK A: MAJOR TELEVISION MARKET   |  |                                |                        |  |   |   |  |  |  |  |
| Exclusivity   |  |  |                                |                        |  |   |   |  |  |  |  |
| Surcharge   | <ul> <li>Is any portion of the</li> </ul>  | cable system within a  | top 100 majo                   | r television mark      | ket as defned by section   | 76.5 of FCC rules in eff                                      | fect June 24, 1981?                           |  |  |  |  |
|   | Yes—Complete   | blocks B and C .   |                                |                        | No—Proceed t   | o part 8  |   |  |  |  |  |
|   |  |  |                                |                        |  |   |   |  |  |  |  |
|   | BLOCK B: C   | arriage of VHF/Grade   | B Contour                      | Stations               | BLOC   | CK C: Computation of E  | Exempt DSEs                                   |  |  |  |  |
|   | Is any station listed ir<br>commercial VHF stat<br>or in part, over the ca   | block B of part 6 the<br>ion that places a grad<br>ble system? | e primary stre<br>le B contour | eam of a<br>, in whole | Was any station liste<br>nity served by the ca<br>to former FCC rule 7 | d in block B of part 7 of<br>ble system prior to Ma<br>6.159) | carried in any commu-<br>arch 31, 1972? (refe |  |  |  |  |
|   | Yes—List each s  | station below with its ap<br>and proceed to part 8.            | propriate pern                 | nitted DSE             |  | station below with its app<br>and proceed to part 8.          | propriate permitted DSE                       |  |  |  |  |
|   | CALL SIGN  | DSE C  | ALL SIGN                       | DSE                    | CALL SIGN  | DSE CAI   | LL SIGN DSE                                   |  |  |  |  |
|   | O/ LEE OIGH  |  |                                | DOL                    | ONLE CIGIT   | 0/1   |   |  |  |  |  |
|   |  |  |                                |                        |  | ··  |   |  |  |  |  |
|   |  |  |                                |                        |  | •• <b>•</b> •••••••••••••••••••••••••••••••••                 |   |  |  |  |  |
|   |  |  |                                |                        |  |   |   |  |  |  |  |
|   |  |  |                                |                        |  | ·· <b> </b>   |   |  |  |  |  |
|   |  |  |                                |                        |  | ••••••••••••••••••••••••••••••••••••••                        |   |  |  |  |  |
|   |  |  |                                |                        |  | •• <del> </del> •••••••••• <del> </del>  ••••••••             |   |  |  |  |  |
|   |  |  |                                |                        |  | •• <del> </del> ••••••••• <del> </del> <b> •••••••</b> •      |   |  |  |  |  |
|   |  | · · · · · · · · · · · · · · · · · · ·                          |                                | 0.00                   |  |   | AL DSEs 0.00                                  |  |  |  |  |
|   |  | 10   | TAL DSEs                       | 0.00                   |  | 101.  | AL DSEs 0.00                                  |  |  |  |  |

L

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM: SCABLE ONE, INC.  | O06545     | Name                                |
|---------------|--|------------|-------------------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |            |                                     |
| Section       | Enter the amount of gross receipts from space K (page 7)   | 557,077.00 | 7                                   |
| Section<br>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<br>Exclusivity |
|               | 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       | Surcharge                           |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC?<br>Yes—Complete section 3 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?     Yes—Complete part 9 of this schedule.     X No—Complete the applicable section below.  |            |                                     |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  |            |                                     |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)  |            |                                     |
|               | 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. No—Complete the applicable section below.  |            |                                     |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE 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) |            |                                     |
|               | 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   |            |                                     |
| 1             |  |            |                                     |

## ACCOUNTING PERIOD: 2017/2

|  |   | DSE SCHEDULE   | E. PAGE 16.        |
|--|---|--|--------------------|
| Name   |   | ME OF OWNER OF CABLE SYSTEM: SYSTE | STEM ID#<br>006545 |
|  |   |  |                    |
| 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 mi<br>6 was 6<br>• In blo<br>• If you<br>• If you<br>blank<br>What i<br>were lo | ctions:<br>ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part<br>checked "Yes," use the total number of DSEs from part 5.<br>bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.<br>ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.<br>ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below<br>t.<br>is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers<br>bocated within that station's local service area and others were located outside that area. For the definition of a station's "local<br>te area," see page (v) of the general instructions.  |                    |
|  |   | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |                    |
|  | • Did y   | rour cable system retransmit the signals of any partially distant television stations during the accounting period?  |                    |
|  |   | X       Yes—Complete part 9 of this schedule.         No—Complete the following sections.  |                    |
|  |   | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |                    |
|  | Section<br>1  | Enter the amount of gross receipts from space K (page 7)   |                    |
|  | 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.)  |                    |
|  | 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.   |                    |
|  |   | A. Enter 0.01064 of gross receipts (the amount in section 1)   |                    |
|  |   | B. Enter 0.00701 of gross receipts (the amount in section 1)   |                    |
|  |   | C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here   |                    |
|  |   | D. Multiply line B by line C and enter here  |                    |
|  |   | E. Add lines A, and D. This is your base rate fee. Enter here<br>and in block 3, line 1, space L (page 7)  | 0.00               |
|  |   | Base Rate Fee  |                    |

## DSE SCHEDULE. PAGE 17.

|                         |   | YSTEM ID#      | Name  |
|-------------------------|---|----------------|---|
| CABL                    | E ONE, INC.   | 006545         | -   |
| Section 4               | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.   |                | 0   |
|                         | A. Enter 0.01064 of gross receipts (the amount in section 1)►   | _              | 8   |
|                         | B. Enter 0.00701 of gross receipts (the amount in section 1)► \$  |                | Computation<br>of                             |
|                         | C. Multiply line B by 3.000 and enter here  | -              | Base Rate Fee                                 |
|                         | D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$   |                |   |
|                         | E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶   |                |   |
|                         | F. Multiply line D by line E and enter here   |                |   |
|                         | G. Add lines A, C, and F. This is your base rate fee.<br>Enter here and in block 3, line 1, space L (page 7)<br>Base Rate Fee   | 0.00           |   |
| instead                 | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel I   | signals shall  | 9   |
|                         | G.<br>eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, t<br>s from subscribers located within the station's local service area, from your system's total gross receipts. To take adv   |                | Computation                                   |
| •                       | on, you must:   | undge of this  | of<br>Base Rate Fee                           |
| station<br>DSEs a       | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the und the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each dup the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | e number of    | and<br>Syndicated<br>Exclusivity<br>Surcharge |
| also co                 | If any portion of your cable system is located within the top 100 television market and the station is not exempt in par<br>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.   |                | for<br>Partially<br>Distant<br>Stations, and  |
| Step 1                  | Identify a Subscriber Group for Partially Distant Stations<br>For each community served, determine the local service area of each wholly distant and each partially distant station<br>to that community.   | n you          | for Partially<br>Permitted<br>Stations        |
| outside                 | For each wholly distant and each partially distant station you carried, determine which of your subscribers were located station's local service area. A subscriber located outside the local service area of a station is distant to that static ne token, the station is distant to the subscriber.)  |                |   |
| subscri                 | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Ea<br>ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that<br>will have only one subscriber group when the distant stations it carried have local service areas that coincide.  |                |   |
| <b>Comp</b> ı<br>groups | iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system  | n's subscriber |   |
|                         | section:  |                |   |
| Give t                  | fy the communities/areas represented by each subscriber group.<br>he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all o<br>bers in the group.   | f the          |   |
| •••                     | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in p<br>f this schedule; or,  | oarts 2, 3,    |   |
| 2) any                  | oortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo<br>6 of this schedule.  | ck B,          |   |
| • Add tl                | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.  |                |   |
| in the                  | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general ins paper SA3 form.   |                |   |
| page.<br>DSEs f         | ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pre<br>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.  | is, the total  |   |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SY  | STEM ID#     |
|------|--|--------------|
| Hame | CABLE ONE, INC.  | 006545       |
|      | 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.<br><b>Step 2:</b> Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant   |              |
|      | signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by   |              |
|      | .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported  |              |
|      | for each part 9 used in steps 1 and 2 must equal the amount reported in space K.   |              |
|      | Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant   |              |
|      | signals from step 1 that is subject to this surcharge.   |              |
|      | Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams   |              |
|      | Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from   |              |
|      | a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate  | <del>)</del> |
|      | and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.<br>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<br>CABLE ONE, INC.                            |           | E SYSTEM:       |            |                         |           | S               | YSTEM ID#<br>006545 | Name                    |
|--|-----------|-----------------|------------|-------------------------|-----------|-----------------|---------------------|-------------------------|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP |           |                 |            |                         |           |                 |                     |                         |
|  | FIRST     | SUBSCRIBER GROU | Р          | SECOND SUBSCRIBER GROUP |           |                 |                     | 9                       |
| COMMUNITY/ AREA  | A NATCHEZ |                 |            | COMMUNITY/ ARE          | A VIDALIA |                 |                     | <b>3</b><br>Computation |
| CALL SIGN  | DSE       | CALL SIGN       | DSE        | CALL SIGN               | DSE       | CALL SIGN       | DSE                 | of                      |
|  |           |                 |            | WLBT                    | 0.25      |                 |                     | Base Rate Fee           |
|  |           |                 |            |                         |           |                 |                     | and                     |
|  |           |                 |            |                         |           |                 |                     | Syndicated              |
|  |           |                 |            |                         |           |                 |                     | Exclusivity             |
|  |           |                 |            |                         |           |                 |                     | Surcharge               |
|  |           |                 |            |                         |           |                 |                     | for                     |
|  |           |                 |            |                         |           |                 | <mark></mark>       | Partially               |
|  |           |                 |            |                         |           |                 | <mark></mark>       | Distant                 |
|  |           |                 |            |                         |           | _               |                     | Stations                |
|  |           |                 |            |                         |           |                 |                     |                         |
|  |           |                 |            |                         |           |                 |                     |                         |
|  |           |                 |            |                         |           |                 | ···                 |                         |
|  |           |                 |            |                         |           |                 |                     |                         |
|  |           |                 |            |                         |           |                 |                     |                         |
| Total DSEs   | Į         |                 | 0.00       | Total DSEs              |           |                 | 0.25                |                         |
| Gross Receipts First G   | roup      | ¢ 490           | 826.00     | Gross Receipts Sec      | and Group | \$ 6            | 66,251.00           |                         |
|  | loup      | <u> </u>        | 020.00     |                         |           | <u> </u>        | ,201.00             |                         |
| Base Rate Fee First G  |           | \$              | 0.00       | Base Rate Fee Sec       |           | \$              | 176.23              |                         |
|  | THIRD     | SUBSCRIBER GROU | Р          |                         | FOURTH    | SUBSCRIBER GROU | IP                  |                         |
| COMMUNITY/ AREA  |           |                 | 0          | COMMUNITY/ AREA 0       |           |                 |                     |                         |
| CALL SIGN  | DSE       | CALL SIGN       | DSE        | CALL SIGN               | DSE       | CALL SIGN       | DSE                 |                         |
|  |           |                 |            |                         |           |                 |                     |                         |
|  |           |                 |            |                         |           |                 |                     |                         |
|  |           |                 |            |                         |           |                 |                     |                         |
|  |           |                 |            |                         |           |                 |                     |                         |
|  |           |                 |            |                         |           |                 |                     |                         |
|  |           |                 |            |                         |           |                 |                     |                         |
|  |           |                 |            |                         |           |                 |                     |                         |
|  |           |                 |            |                         |           |                 |                     |                         |
|  | ·         |                 | +          |                         | ····      |                 | •••                 |                         |
|  | ·         |                 |            |                         |           |                 |                     |                         |
|  | ·         |                 | +          |                         |           |                 |                     |                         |
|  |           |                 |            |                         |           |                 |                     |                         |
|  |           |                 | 1          |                         |           |                 |                     |                         |
|  |           |                 | l          |                         |           |                 |                     |                         |
| Total DSEs   |           |                 | 0.00       | Total DSEs              |           |                 | 0.00                |                         |
| Gross Receipts Third G   | 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  |           |                 | iber group | as shown in the boxes   | s above.  |                 | 176.00              |                         |
| Enter here and in block 3, line 1, space L (page 7)              |           |                 |            |                         |           | \$              | 176.23              |                         |

| FORM SA3E. F | PAGE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC.  |         | LE SYSTEM:     |                |                       |         | S               | YSTEM ID#<br>006545 | Name                 |
|--|---------|----------------|----------------|-----------------------|---------|-----------------|---------------------|----------------------|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP   |         |                |                |                       |         |                 |                     |                      |
| FIFTH SUBSCRIBER GROUP     SIXTH SUBSCRIBER GROUP       COMMUNITY/ AREA     0  |         |                |                |                       |         |                 | JP<br>0             | 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            |
|  |         |                |                |                       |         | +               |                     | for<br>Partially     |
|  |         |                |                |                       |         |                 |                     | Distant              |
|  |         |                |                |                       |         |                 |                     | Stations             |
|  |         |                |                |                       |         |                 |                     |                      |
|  |         |                |                |                       |         | +               |                     |                      |
|  |         |                |                |                       |         |                 |                     |                      |
|  |         |                | <mark>.</mark> |                       |         |                 |                     |                      |
|  |         | <u> </u>       | 0.00           |                       | ļ       | 11              | 0.00                |                      |
| 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                |                      |
|  | SEVENTH | SUBSCRIBER GRO |                |                       | EIGHTH  | SUBSCRIBER GROU | JP                  |                      |
| COMMUNITY/ AREA  |         |                | 0              | COMMUNITY/ AREA       | 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            | 1       |                 | 0.00                |                      |
| Gross Receipts Third 0   | 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 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) |         |                |                |                       |         |                 |                     |                      |

| FORM SA3E. F | PAGE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |  | LE SYSTEM:            |              |                          |         | S               | YSTEM ID#<br>006545 | Name                 |  |
|---------------------------------------|--|-----------------------|--------------|--------------------------|---------|-----------------|---------------------|----------------------|--|
| В                                     |  |                       |              | TE FEES FOR EACH         |         |                 | 10                  |                      |  |
| COMMUNITY/ AREA                       | NINTH  | SUBSCRIBER GRO        | UP<br>0      | COMMUNITY/ AREA          | TENTH   | 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<br>for     |  |
|                                       |  |                       |              |                          |         |                 |                     | Partially            |  |
|                                       |  |                       |              |                          |         |                 |                     | Distant              |  |
|                                       |  |                       |              |                          |         |                 |                     | Stations             |  |
|                                       |  |                       |              |                          |         |                 |                     |                      |  |
|                                       |  |                       |              |                          |         |                 |                     |                      |  |
|                                       |  |                       |              |                          |         |                 |                     |                      |  |
|                                       |  |                       |              |                          |         | +               |                     |                      |  |
| Total DSEs                            | - <b> </b>   | . <u>.</u>            | 0.00         | Total DSEs               | •       |                 | 0.00                |                      |  |
| Gross Receipts First G                | Group  | \$                    | 0.00         | Gross Receipts Secon     | d Group | \$              | 0.00                |                      |  |
| Base Rate Fee First G                 | ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.0 |                       |              |                          | 0.00    |                 |                     |                      |  |
|                                       | LEVENTH  | SUBSCRIBER GRO        |              | TWELVTH SUBSCRIBER GROUP |         |                 |                     |                      |  |
| 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 (                | 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 ra   | te fees for each subs | criber 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 CABI         | LE SYSTEM:       |             |                         |         | SI              | (STEM ID#<br>006545 | Name                |
|---------------------------------------|-------------------|------------------|-------------|-------------------------|---------|-----------------|---------------------|---------------------|
|                                       |                   |                  |             | TE FEES FOR EACH        |         |                 |                     |                     |
|                                       | RTEENTH           | SUBSCRIBER GROU  |             |                         | RTEENTH | SUBSCRIBER GROU |                     | 9                   |
| COMMUNITY AREA                        | 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>Syndicated   |
|                                       |                   |                  |             |                         |         |                 |                     | Exclusivity         |
|                                       |                   |                  |             |                         |         |                 |                     | Surcharge           |
|                                       |                   |                  |             |                         |         |                 |                     | for                 |
|                                       |                   |                  |             |                         |         |                 |                     | Partially           |
|                                       |                   |                  |             |                         |         |                 |                     | Distant<br>Stations |
|                                       |                   |                  |             |                         |         |                 |                     | olutions            |
|                                       |                   |                  |             |                         |         |                 |                     |                     |
|                                       |                   |                  |             |                         |         |                 |                     |                     |
|                                       |                   |                  |             |                         |         |                 |                     |                     |
|                                       |                   |                  |             |                         |         |                 |                     |                     |
| 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                | oup               | \$               | 0.00        | Base Rate Fee Secon     | d Group | \$              | 0.00                |                     |
|                                       | TEENTH            | SUBSCRIBER GROU  |             | S                       |         |                 |                     |                     |
| COMMUNITY/ AREA                       |                   |                  | 0           | COMMUNITY/ AREA         |         |                 | 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 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                |                     |
|                                       |                   |                  | 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 OWNER OF<br>CABLE ONE, INC.  | FCABL  | E SYSTEM:       |      |                       |                  | SY               | STEM ID#<br>006545 | Name                 |
|--|--------|-----------------|------|-----------------------|------------------|------------------|--------------------|----------------------|
|  |        |                 |      | TE FEES FOR EACH      |                  |                  |                    |                      |
|  | ENTHS  | SUBSCRIBER GROU |      |                       | HTEENTH          | SUBSCRIBER GROUP |                    | 9                    |
| COMMUNITY/ AREA  |        |                 | 0    | COMMUNITY/ AREA       | OMMUNITY/ AREA 0 |                  |                    |                      |
| CALL SIGN DS   | SE     | CALL SIGN       | DSE  | CALL SIGN             | DSE              | CALL SIGN        | DSE                | Computation<br>of    |
|  |        | OALL DION       | DOL  | UALL DIGIN            | DOL              | OALL SIGN        | DOL                | Base Rate Fee        |
|  |        |                 |      |                       |                  |                  |                    | and                  |
|  |        |                 |      |                       |                  |                  |                    | Syndicated           |
|  |        |                 |      |                       |                  |                  |                    | Exclusivity          |
|  |        |                 |      |                       |                  |                  |                    | Surcharge            |
|  |        |                 |      |                       |                  |                  |                    | for                  |
|  |        |                 |      |                       |                  |                  |                    | Partially<br>Distant |
|  |        |                 |      |                       |                  |                  |                    | Stations             |
|  |        |                 |      |                       |                  |                  |                    | otationo             |
|  |        |                 |      |                       |                  |                  |                    |                      |
|  |        |                 |      |                       | [                |                  |                    |                      |
|  |        |                 |      |                       |                  |                  |                    |                      |
|  |        |                 |      |                       |                  |                  |                    |                      |
|  |        |                 |      |                       |                  |                  |                    |                      |
| Total DSEs   |        |                 | 0.00 | Total DSEs            |                  |                  | 0.00               |                      |
| Gross Receipts First Group   |        | \$              | 0.00 | Gross Receipts Second | d Group          | \$               | 0.00               |                      |
| Base Rate Fee First Group  |        | \$              | 0.00 | Base Rate Fee Second  | d Group          | \$               | 0.00               |                      |
| NINTEE   | ENTH S | SUBSCRIBER GROU | P    | TV                    | VENTIETH         | SUBSCRIBER GROUP | þ                  |                      |
| COMMUNITY/ AREA  |        |                 | 0    | COMMUNITY/ AREA       |                  | 0                |                    |                      |
| CALL SIGN DS   | SE     | 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   | D .    | \$              | 0.00 | Gross Receipts Fourth | Group            | \$               | 0.00               |                      |
| Base Rate Fee Third Group  | þ      | \$              | 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.<br>Enter here and in block 3, line 1, space L (page 7) \$ |        |                 |      |                       |                  |                  |                    |                      |

| 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>006545 | Name                 |
|--|----------|----------------|-------------|---------------------------|------------|-----------------|---------------------|----------------------|
|  |          |                |             | TE FEES FOR EACH          |            |                 |                     |                      |
| TWENTY-FIRST SUBSCRIBER GROUP                    |          |                | UP<br>0     | TWENTY<br>COMMUNITY/ AREA | -SECOND    | SUBSCRIBER GROU | JP<br>0             | 9                    |
|  |          |                | <b>.</b>    |                           |            |                 |                     |                      |
| 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                                       | <u>.</u> |                | 0.00        | Total DSEs                | <u>.</u>   | ···             | 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                |                      |
|  | Y-THIRD  | SUBSCRIBER GRO |             |                           | -FOURTH    | SUBSCRIBER GROU | JP o                |                      |
| COMMUNITY/ AREA                                  |          |                | 0           | COMMUNITY/ AREA           |            |                 | U                   |                      |
| CALL SIGN  | DSE      | CALL SIGN      | DSE         | CALL SIGN                 | DSE        | CALL SIGN       | DSE                 |                      |
|  |          |                |             |                           |            |                 |                     |                      |
|  |          |                |             |                           |            |                 |                     |                      |
|  |          |                |             |                           |            | •               |                     |                      |
|  |          |                |             |                           |            |                 |                     |                      |
|  |          |                |             |                           |            |                 |                     |                      |
|  |          |                |             |                           |            |                 |                     |                      |
|  |          | -              |             |                           |            |                 |                     |                      |
|  |          |                |             |                           |            |                 |                     |                      |
|  |          |                |             |                           |            |                 |                     |                      |
|  |          |                |             |                           |            |                 |                     |                      |
|  |          |                |             |                           |            |                 |                     |                      |
| Total DSEs                                       | 1        |                | 0.00        | Total DSEs                | 1          |                 | 0.00                |                      |
|  | roup     |                | 0.00        |                           | Croup      | ¢               | 0.00                |                      |
| Gross Receipts Third G                           | noup     | \$             | 0.00        | Gross Receipts Fourth     | Group      | \$              | 0.00                |                      |
| Base Rate Fee Third G                            | iroup    | \$             | 0.00        | Base Rate Fee Fourth      | Group      | \$              | 0.00                |                      |
|  |          |                |             | H                         | - <b>b</b> |                 | T                   |                      |
| Base Rate Fee: Add th<br>Enter here and in block |          |                | cuper group | as shown in the boxes a   | above.     | \$              |                     |                      |

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| LEGAL NAME OF OWNE<br>CABLE ONE, INC.  |                  | LE SYSTEM:      |      |                       |                             | SY               | STEM ID#<br>006545 | Name                 |
|--|------------------|-----------------|------|-----------------------|-----------------------------|------------------|--------------------|----------------------|
|  |                  |                 |      | TE FEES FOR EACH      |                             |                  |                    |                      |
|  | TY-FIFTH         | SUBSCRIBER GROU |      |                       | ITY-SIXTH                   | SUBSCRIBER GROUI |                    | 9                    |
| COMMUNITY/ AREA  |                  |                 | 0    | COMMUNITY/ AREA       |                             |                  | 0                  | Computation          |
| CALL SIGN  | DSE              | CALL SIGN       | DSE  | CALL SIGN             | CALL SIGN DSE CALL SIGN DSE |                  |                    |                      |
| CALL SIGN  | DSE              | CALL SIGN       | DSE  | CALL SIGN             | DSE                         | CALL SIGN        | DGE                | of<br>Base Rate Fee  |
|  | ·                |                 |      |                       |                             |                  |                    | and                  |
|  |                  |                 |      |                       |                             |                  |                    | Syndicated           |
|  |                  |                 |      |                       |                             |                  |                    | Exclusivity          |
|  |                  |                 |      |                       |                             |                  |                    | Surcharge            |
|  |                  |                 |      |                       |                             |                  |                    | for                  |
|  | ··               |                 |      |                       |                             |                  |                    | Partially<br>Distant |
|  |                  |                 |      |                       |                             |                  |                    | Stations             |
|  |                  |                 |      |                       |                             |                  |                    |                      |
|  |                  | 1               | [    | ]                     |                             |                  |                    |                      |
|  |                  |                 |      |                       |                             |                  |                    |                      |
|  | <mark>.  </mark> |                 |      |                       |                             |                  |                    |                      |
|  | <mark></mark>    |                 |      |                       |                             |                  |                    |                      |
|  |                  |                 |      |                       |                             |                  | <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 Second  | d Group                     | \$               | 0.00               |                      |
| TWENTY-  | SEVENTH          | SUBSCRIBER GROU | JP   | TWENT                 | Y-EIGHTH                    | SUBSCRIBER GROUI | 2                  |                      |
| COMMUNITY/ AREA  |                  |                 | 0    | COMMUNITY/ AREA       |                             |                  | 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 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 the base rate fees for each subscriber group as shown in the boxes above. |                  |                 |      |                       |                             |                  |                    |                      |
|  | .,               |                 |      |                       |                             |                  |                    |                      |

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|--------------------|------|-------|------|-----|

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.                        | R OF CABL  | LE SYSTEM:            |                      |                            |         | SY               | STEM ID#<br>006545      | Name                |
|--|------------|-----------------------|----------------------|----------------------------|---------|------------------|-------------------------|---------------------|
|  |            |                       |                      | TE FEES FOR EACH           |         |                  |                         |                     |
| TWENTY-NINTH SUBSCRIBER GROUP       COMMUNITY/ AREA <b>0</b> |            |                       | T<br>COMMUNITY/ AREA | THIRTIETH SUBSCRIBER GROUP |         |                  | <b>9</b><br>Computation |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
| CALL SIGN  | DSE        | CALL SIGN             | DSE                  | CALL SIGN                  | DSE     | CALL SIGN        | DSE                     | of<br>Base Rate Fee |
|  |            |                       |                      |                            |         |                  |                         | and                 |
|  |            |                       |                      |                            |         |                  |                         | Syndicated          |
|  |            |                       |                      |                            |         |                  |                         | Exclusivity         |
|  |            |                       |                      |                            |         |                  |                         | Surcharge           |
|  |            |                       |                      |                            |         |                  |                         | for<br>Partially    |
|  |            |                       |                      |                            |         |                  |                         | Distant             |
|  |            |                       |                      |                            |         |                  |                         | Stations            |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  | <b>-</b>                |                     |
|  |            |                       |                      |                            |         | +                |                         |                     |
| 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 Second       |         | \$               | 0.00                    |                     |
|  | TY-FIRST   | SUBSCRIBER GROU       |                      | 11                         | -SECOND | SUBSCRIBER GROUP |                         |                     |
| COMMUNITY/ AREA  |            |                       | 0                    | COMMUNITY/ AREA            |         |                  | 0                       |                     |
| CALL SIGN  | DSE        | CALL SIGN             | DSE                  | CALL SIGN                  | DSE     | CALL SIGN        | DSE                     |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      | ]                          |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  |                         |                     |
|  |            |                       |                      |                            |         |                  | <mark></mark>           |                     |
| Total DSEs   | <u> </u>   |                       | 0.00                 | Total DSEs                 | 1       |                  | 0.00                    |                     |
|  | roup       | ¢                     |                      |                            | Crown   | ¢                |                         |                     |
| Gross Receipts Third G                                       | noup       | \$                    | 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 | e fees for each subsc | riber group          | as shown in the boxes a    | above.  |                  |                         |                     |
| Enter here and in block                                      |            |                       | - ·                  |                            |         | \$               |                         |                     |

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| CABLE ONE, IN  |                                 | LE SYSTEM:     |                |                    |             | S                | 8YSTEM ID#<br>006545 | Name                      |
|--|---------------------------------|----------------|----------------|--------------------|-------------|------------------|----------------------|---------------------------|
|  |                                 |                |                | TE FEES FOR EAG    |             |                  |                      |                           |
|  |                                 | SUBSCRIBER GRO |                |                    |             | 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 Fe              |
|  |                                 |                |                |                    |             |                  |                      | and                       |
|  |                                 |                |                |                    |             | ••               |                      | Syndicated<br>Exclusivity |
|  |                                 |                |                |                    |             | •                |                      | Surcharge                 |
|  |                                 |                |                |                    |             |                  |                      | for                       |
|  |                                 |                |                |                    |             |                  |                      | Partially                 |
|  |                                 |                |                |                    |             |                  |                      | Distant                   |
|  |                                 |                |                |                    |             | •                |                      | Stations                  |
|  |                                 |                |                |                    |             | •                |                      |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
| Total DSEs   |                                 |                | 0.00           | Total DSEs         |             |                  | 0.00                 |                           |
| Gross Receipts Firs  | t Group                         | \$             | 0.00           | Gross Receipts Sec | ond Group   | \$               | 0.00                 |                           |
| Base Rate Fee Firs   | t Group                         | \$             | 0.00           | Base Rate Fee Sec  | ond Group   | \$               | 0.00                 |                           |
| Tł   | IIRTY-FIFTH                     | SUBSCRIBER GRO | DUP            | т                  | HIRTY-SIXTH | H SUBSCRIBER GRO | UP                   |                           |
| COMMUNITY/ ARE   | Α                               |                | 0              | COMMUNITY/ ARE     | Α           |                  | 0                    |                           |
| CALL SIGN  | DSE                             | CALL SIGN      | DSE            | CALL SIGN          | DSE         | CALL SIGN        | DSE                  |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
|  |                                 |                |                |                    |             | ••               |                      |                           |
|  | ·····                           |                | <b></b>        |                    |             | •                |                      |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
|  |                                 |                |                |                    |             | •                |                      |                           |
|  |                                 |                |                |                    |             |                  |                      |                           |
|  |                                 |                | 0.00           | Total DSEs         |             |                  | 0.00                 |                           |
| Total DSEs   |                                 |                |                | Gross Receipts Fou | rth Group   | \$               | 0.00                 |                           |
|  | d Group                         | \$             | 0.00           |                    |             |                  |                      |                           |
|  | d Group                         | \$             | 0.00           |                    |             |                  |                      |                           |
| Total DSEs<br>Gross Receipts Thir<br><b>Base Rate Fee</b> Thir |                                 | \$\$           | 0.00           | Base Rate Fee Fou  |             | \$               | 0.00                 |                           |
| Gross Receipts Thir<br>Base Rate Fee Thir                      | d Group                         | \$             | 0.00           | Base Rate Fee Fou  | rth Group   | \$               |                      |                           |
| Gross Receipts Thir<br><b>Base Rate Fee</b> Thir               | d Group<br>d the <b>base ra</b> | \$             | 0.00           |                    | rth Group   | \$               |                      |                           |

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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CABI    | LE SYSTEM:             |             |                          |          | SY               | STEM ID#<br>006545 | Name                     |
|---------------------------------------|--------------|------------------------|-------------|--------------------------|----------|------------------|--------------------|--------------------------|
|                                       |              |                        |             | TE FEES FOR EACH         |          |                  |                    |                          |
| THIRTY-S<br>COMMUNITY/ AREA           | EVENTH       | SUBSCRIBER GROU        | JP<br>0     | THIRT<br>COMMUNITY/ AREA | Y-EIGHTH | SUBSCRIBER GROUF | ٥<br>٥             | 9                        |
| CALL SIGN                             | DSE          | CALL SIGN              | DSE         | CALL SIGN                | DSE      | CALL SIGN        | DSE                | Computation<br>of        |
| CALL SIGN                             | DGE          | CALL SIGN              | DSE         | CALL SIGN                | DSE      | CALL SIGN        | DSE                | Base Rate Fee            |
|                                       |              |                        |             |                          |          |                  |                    | and                      |
|                                       |              |                        |             |                          |          |                  |                    | Syndicated               |
|                                       |              |                        |             |                          |          |                  |                    | Exclusivity<br>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 Gr                |              | \$                     | 0.00        | Base Rate Fee Secon      |          | \$               | 0.00               |                          |
|                                       | Y-NINTH      | SUBSCRIBER GROU        |             |                          | ORTIETH  | SUBSCRIBER GROUP | 5                  |                          |
| 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                | e base rat   | te fees for each subso | riber group | as shown in the boxes a  | bove.    |                  |                    |                          |
| Enter here and in block               | 3, line 1, s | space L (page 7)       |             |                          |          | \$               |                    |                          |

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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CAB   | LE SYSTEM:       |              |                          |          | S               | YSTEM ID#<br>006545 | Name                 |
|---------------------------------------|------------|------------------|--------------|--------------------------|----------|-----------------|---------------------|----------------------|
|                                       |            |                  |              | TE FEES FOR EACH         |          |                 |                     |                      |
| FOR<br>COMMUNITY/ AREA                | I Y-FIRST  | SUBSCRIBER GRO   | JP<br>0      | FORTY<br>COMMUNITY/ AREA | -SECOND  | 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                |                      |
|                                       | Y-THIRD    | SUBSCRIBER GRO   |              |                          | /-FOURTH | SUBSCRIBER GROU | JP<br>o             |                      |
| COMMUNITY/ AREA                       |            |                  | 0            | COMMUNITY/ AREA          |          |                 | U                   |                      |
| 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) |              |                          |          | \$              |                     |                      |

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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CABI  | LE SYSTEM:             |             |                         |           | SY              | YSTEM ID#<br>006545 | Name              |
|---------------------------------------|------------|------------------------|-------------|-------------------------|-----------|-----------------|---------------------|-------------------|
|                                       |            |                        |             | TE FEES FOR EACH        |           |                 |                     |                   |
| FOR<br>COMMUNITY/ AREA                | TY-FIFTH   | SUBSCRIBER GRO         | JP 0        | FOF<br>COMMUNITY/ AREA  | RTY-SIXTH | SUBSCRIBER GROU | IP<br>0             | 9                 |
| COMMONT IT AREA                       |            |                        |             | COMMONT IT AREA         |           |                 | <b>.</b>            | 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              | <u> </u>  | ·               | 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                |                   |
|                                       | SEVENTH    | SUBSCRIBER GRO         |             |                         | Y-EIGHTH  | SUBSCRIBER GROU | IP<br>•             |                   |
| COMMUNITY/ AREA                       |            |                        | 0           | COMMUNITY/ AREA         |           |                 | U                   |                   |
| CALL SIGN                             | DSE        | CALL SIGN              | DSE         | CALL SIGN               | DSE       | CALL SIGN       | DSE                 |                   |
|                                       |            |                        |             |                         |           |                 |                     |                   |
|                                       |            |                        |             |                         |           |                 |                     |                   |
|                                       |            |                        |             |                         |           | •               |                     |                   |
|                                       |            |                        |             |                         |           |                 |                     |                   |
|                                       |            |                        |             |                         |           |                 |                     |                   |
|                                       |            |                        |             |                         |           |                 |                     |                   |
|                                       |            | -                      |             |                         |           |                 |                     |                   |
|                                       |            |                        |             |                         |           |                 |                     |                   |
|                                       |            |                        |             |                         |           |                 |                     |                   |
|                                       |            |                        |             |                         |           |                 |                     |                   |
|                                       |            |                        |             |                         |           |                 |                     |                   |
|                                       |            |                        | 0.00        |                         |           |                 | 0.00                |                   |
| 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                 | 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               |            |                        |             |                         |           | \$              |                     |                   |

| 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>006545 | Name                     |
|---------------------------------------|------------|-----------------------|--------------|--------------------------|----------|-----------------|---------------------|--------------------------|
|                                       |            |                       |              | TE FEES FOR EACH         |          |                 |                     |                          |
| FORT<br>COMMUNITY/ AREA               | Y-NINTH    | SUBSCRIBER GRO        | UP<br>0      | COMMUNITY/ AREA          | FIFTIETH | SUBSCRIBER GROU | IP<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<br>Distant     |
|                                       |            | -                     |              |                          |          |                 |                     | Stations                 |
|                                       |            | -                     |              |                          |          | -               |                     |                          |
|                                       |            |                       |              |                          |          |                 |                     |                          |
|                                       |            | -                     |              |                          |          |                 |                     |                          |
|                                       |            |                       |              |                          |          |                 |                     |                          |
| Total DSEs                            |            |                       | 0.00         | Total DSEs               | <u>I</u> | H               | 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                |                          |
| FIF <sup>-</sup><br>COMMUNITY/ AREA   | TY-FIRST   | SUBSCRIBER GRO        | UP<br>0      | FIFTY<br>COMMUNITY/ AREA | -SECOND  | SUBSCRIBER GROU | IP<br>o             |                          |
| COMMONT T/ AREA                       |            |                       |              |                          |          |                 |                     |                          |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE          | CALL SIGN                | DSE      | CALL SIGN       | DSE                 |                          |
|                                       |            |                       |              |                          |          |                 |                     |                          |
|                                       |            |                       |              |                          |          |                 |                     |                          |
|                                       |            |                       |              |                          |          |                 |                     |                          |
|                                       |            |                       |              |                          |          |                 |                     |                          |
|                                       |            |                       |              |                          |          | -               |                     |                          |
|                                       |            |                       |              |                          |          |                 |                     |                          |
|                                       |            | -                     |              |                          |          |                 |                     |                          |
|                                       |            |                       |              |                          |          |                 |                     |                          |
|                                       |            |                       |              |                          |          |                 |                     |                          |
|                                       |            |                       |              |                          |          |                 |                     |                          |
| T ( ) DOT                             |            |                       | 0.00         | T ( ) DOT                |          |                 | 0.00                |                          |
| Total DSEs                            |            |                       | 0.00         | Total DSEs               | 0        |                 | 0.00                |                          |
| Gross Receipts Third G                | iroup      | \$                    | 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 group | as shown in the boxes a  | above.   |                 |                     |                          |
| Enter here and in block               |            |                       |              |                          |          | \$              |                     |                          |

| FORM SA3E. PA | GE | 19. |
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| CABLE ONE, INC.  | BLE SYSTEM:      |               |                         |           | SI              | (STEM ID#<br>006545 | Name                 |
|--|------------------|---------------|-------------------------|-----------|-----------------|---------------------|----------------------|
|  |                  |               | TE FEES FOR EACH        |           |                 |                     |                      |
|  | D SUBSCRIBER GRO |               |                         | Y-FOURTH  | SUBSCRIBER GROU |                     | 9                    |
| COMMUNITY/ AREA  |                  | 0             | COMMUNITY/ AREA         |           |                 | 0                   | •                    |
| CALL SIGN DSE  | CALL SIGN        | DSE           | CALL SIGN               | DSE       | CALL SIGN       | DSE                 | Computation<br>of    |
|  | CALL SIGN        | DOL           | CALL SIGN               | DGL       | CALL SIGN       | DOL                 | Base Rate Fee        |
|  |                  |               |                         |           |                 |                     | and                  |
|  |                  |               |                         |           |                 |                     | Syndicated           |
|  |                  |               |                         |           |                 |                     | Exclusivity          |
|  |                  |               |                         |           | <br>            |                     | 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                |                      |
|  | H SUBSCRIBER GRO |               | 11                      | -IY-SIXIH | SUBSCRIBER GROU |                     |                      |
| 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>       |                      |
|  |                  | •••           |                         |           |                 | <mark></mark>       |                      |
|  |                  | <mark></mark> |                         | <b>.</b>  |                 | <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 the base<br>Enter here and in block 3, line |                  | criber 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. | R OF CABI  | LE SYSTEM:             |             |                         |         | SY                     | STEM ID#<br>006545 | Name                 |
|---------------------------------------|--|------------------------|-------------|-------------------------|---------|------------------------|--------------------|----------------------|
|                                       |  |                        |             | TE FEES FOR EACH        |         |                        |                    |                      |
| FIFTY-S<br>COMMUNITY/ AREA            | FIFTY-SEVENTH SUBSCRIBER GROUP     FIFTY-EIGHTH SUBSCRIBER GROUP       ITY/ AREA     0 |                        |             |                         |         | 9                      |                    |                      |
|                                       |  |                        |             |                         |         |                        |                    | Computation          |
| CALL SIGN                             | DSE  | CALL SIGN              | DSE         | CALL SIGN               | DSE     | CALL SIGN              | DSE                | of<br>Base Rate Fee  |
|                                       |  |                        |             |                         |         |                        |                    | and                  |
|                                       |  |                        |             |                         |         |                        |                    | 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 Secon    | d Group | \$                     | 0.00               |                      |
| Base Rate Fee First Group \$ 0.00     |  |                        |             | Base Rate Fee Secon     |         | \$<br>SUBSCRIBER GROUI | 0.00               |                      |
|                                       | Y-NINTH  | SUBSCRIBER GROU        |             |                         |         |                        |                    |                      |
| 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 th                 | e base rat   | te fees for each subsc | riber aroun | as shown in the boxes a | above   |                        |                    |                      |
| Enter here and in block               |  |                        | <b>J</b> P  |                         |         | \$                     |                    |                      |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |                  | LE SYSTEM:       |             |                         |         | SY              | STEM ID#<br>006545 | Name                 |
|---------------------------------------|------------------|------------------|-------------|-------------------------|---------|-----------------|--------------------|----------------------|
|                                       |                  |                  |             | TE FEES FOR EACH        |         |                 |                    |                      |
|                                       | TY-FIRST         | SUBSCRIBER GROU  |             |                         | -SECOND | SUBSCRIBER GROU |                    | 9                    |
| COMMUNITY/ AREA                       | 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            |
|                                       | <mark>.</mark>   |                  |             |                         |         |                 |                    | for                  |
|                                       | ··               |                  |             |                         |         |                 |                    | Partially<br>Distant |
|                                       |                  |                  |             |                         |         |                 |                    | Stations             |
|                                       |                  | -                |             |                         |         |                 |                    |                      |
|                                       |                  | ]                | [           | ]                       |         |                 |                    |                      |
|                                       |                  |                  |             |                         |         |                 |                    |                      |
|                                       | <mark>.  </mark> |                  |             |                         |         |                 | <mark>.</mark>     |                      |
|                                       | <mark></mark>    |                  |             |                         |         |                 | <mark>.</mark>     |                      |
|                                       |                  |                  |             |                         |         |                 |                    |                      |
| 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 GROU | >                  |                      |
| COMMUNITY/ AREA 0                     |                  |                  | 0           | COMMUNITY/ AREA         |         |                 |                    |                      |
| CALL SIGN                             | DSE              | CALL SIGN        | DSE         | CALL SIGN               | DSE     | CALL SIGN       | DSE                |                      |
|                                       |                  |                  |             |                         |         |                 |                    |                      |
|                                       | <mark></mark>    |                  |             |                         |         |                 |                    |                      |
|                                       |                  |                  |             |                         |         |                 |                    |                      |
|                                       | ·                |                  |             |                         |         |                 |                    |                      |
|                                       |                  |                  |             |                         |         |                 |                    |                      |
|                                       |                  |                  |             |                         |         |                 |                    |                      |
|                                       |                  |                  |             |                         |         |                 |                    |                      |
|                                       | <mark>.  </mark> |                  |             |                         |         |                 |                    |                      |
|                                       | <mark>.</mark>   |                  |             |                         |         |                 | <mark>.</mark>     |                      |
|                                       | ·                |                  |             |                         |         |                 |                    |                      |
|                                       | <b>.</b>         |                  |             |                         |         |                 |                    |                      |
|                                       |                  |                  |             |                         |         |                 |                    |                      |
|                                       |                  |                  |             |                         |         |                 |                    |                      |
| 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               |                      |
|                                       |                  |                  | riber group | as shown in the boxes a | bove.   | ¢               |                    |                      |
| Enter here and in block               | x 3, iirie 1, 9  | phace r (hade 1) |             |                         |         | \$              |                    |                      |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CABL   | E SYSTEM:             |             |                              |                             | SY               | STEM ID#<br>006545 | Name                 |
|---------------------------------------|-------------|-----------------------|-------------|------------------------------|-----------------------------|------------------|--------------------|----------------------|
|                                       |             |                       |             | TE FEES FOR EACH             |                             |                  |                    |                      |
|                                       | TY-FIFTH    | SUBSCRIBER GROU       |             | SIXTY-SIXTH SUBSCRIBER GROUP |                             |                  |                    | 9                    |
| COMMUNITY/ AREA                       | EA <b>0</b> |                       |             | COMMUNITY/ AREA 0            |                             |                  |                    | Computation          |
| CALL SIGN                             | DSE         | CALL SIGN             | DSE         |                              | CALL SIGN DSE CALL SIGN DSE |                  |                    |                      |
| CALL SIGN                             | DSE         | CALL SIGN             | DSE         | CALL SIGN                    | DSE                         | CALL SIGN        | DGE                | of<br>Base Rate Fee  |
|                                       |             |                       |             |                              |                             |                  |                    | and                  |
|                                       |             |                       |             |                              |                             |                  |                    | Syndicated           |
|                                       |             |                       |             |                              |                             |                  |                    | Exclusivity          |
|                                       |             |                       |             |                              |                             |                  |                    | Surcharge            |
|                                       |             |                       |             |                              |                             |                  |                    | for                  |
|                                       |             |                       |             |                              |                             |                  |                    | Partially<br>Distant |
|                                       | ·           |                       |             |                              |                             |                  |                    | Stations             |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       |             | 1                     | [           | ]                            |                             |                  |                    |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       | <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 Second         | d Group                     | \$               | 0.00               |                      |
| SIXTY-S                               | SEVENTH     | SUBSCRIBER GROU       | JP          | SIXT                         | Y-EIGHTH                    | SUBSCRIBER GROUP | D                  |                      |
| COMMUNITY/ AREA                       |             |                       | 0           | COMMUNITY/ AREA              |                             |                  |                    |                      |
| CALL SIGN                             | DSE         | CALL SIGN             | DSE         | CALL SIGN                    | DSE                         | CALL SIGN        | DSE                |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       | ·           |                       |             |                              |                             |                  |                    |                      |
|                                       | <b> </b>    |                       |             |                              |                             |                  | <b>.</b>           |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
|                                       |             |                       |             |                              |                             |                  |                    |                      |
| 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  | e fees for each subsc | 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 CABI   | LE SYSTEM:      |             |                         |                             | SY                      | STEM ID#<br>006545 | Name                |  |  |
|--|---|-----------------|-------------|-------------------------|-----------------------------|-------------------------|--------------------|---------------------|--|--|
|  |   |                 |             | TE FEES FOR EACH        |                             |                         |                    |                     |  |  |
| SIXT<br>COMMUNITY/ AREA                        | SIXTY-NINTH SUBSCRIBER GROUP     SEVENTIETH SUBSCRIBER GROUP       AREA     0 |                 |             |                         |                             | <b>9</b><br>Computation |                    |                     |  |  |
| CALL SIGN                                      | CALL SIGN DSE CALL SIGN DSE   |                 |             |                         | CALL SIGN DSE CALL SIGN DSE |                         |                    |                     |  |  |
|  | DOL   |                 | DOL         |                         | DOL                         | UALL OIGH               | DOL                | of<br>Base Rate Fee |  |  |
|  |   |                 |             |                         |                             |                         |                    | and                 |  |  |
|  |   |                 |             |                         |                             | _                       |                    | Syndicated          |  |  |
|  |   |                 |             |                         |                             |                         |                    | Exclusivity         |  |  |
|  |   |                 |             |                         |                             |                         |                    | Surcharge<br>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 Gr                         | oup   | \$              | 0.00        | Base Rate Fee Secon     | d Group                     | \$                      | 0.00               |                     |  |  |
|  | TY-FIRST  | SUBSCRIBER GROU |             | 11                      | -SECOND                     | SUBSCRIBER GROUP        | <b>)</b>           |                     |  |  |
| 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 Enter here and in block |   |                 | riber group | as snown in the boxes a | adove.                      | \$                      |                    |                     |  |  |

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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CABI                  | LE SYSTEM:       |              |   |         | S         | YSTEM ID#<br>006545 | Name                 |
|---------------------------------------|----------------------------|------------------|--------------|---|---------|-----------|---------------------|----------------------|
|                                       |                            |                  |              | TE FEES FOR EACH  |         |           |                     |                      |
| SEVENT                                | NTY-THIRD SUBSCRIBER GROUP |                  |              | SEVENTY-FOURTH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0 |         |           |                     |                      |
|                                       |                            |                  |              |   |         |           |                     | 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   |              | SEVEN   |         |           |                     |                      |
| COMMUNITY/ AREA                       |                            |                  | 0            | COMMUNITY/ AREA   |         |           | U                   |                      |
| 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   | <u>\$</u> | 0.00                |                      |
| Base Rate Fee Third G                 | roup                       | \$               | 0.00         | Base Rate Fee Fourth  | Group   | \$        | 0.00                |                      |
| Base Rate Fee: Add th                 |                            |                  | criber group | as shown in the boxes a   | above.  |           |                     |                      |
| Enter here and in block               | 3, line 1, s               | space L (page 7) |              |   |         | \$        |                     |                      |

| FORM SA3E. PAGE 19 |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CAB   | LE SYSTEM:            |              |                          |          | S                     | YSTEM ID#<br>006545 | Name              |
|---------------------------------------|------------|-----------------------|--------------|--------------------------|----------|-----------------------|---------------------|-------------------|
|                                       |            |                       |              | TE FEES FOR EACH         |          |                       |                     |                   |
| SEVENTY-S                             | SEVENTH    | SUBSCRIBER GRO        | UP 0         | SEVEN<br>COMMUNITY/ AREA | 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<br>Partially  |
|                                       |            |                       |              |                          |          |                       |                     | Distant           |
|                                       |            |                       |              |                          |          |                       |                     | Stations          |
|                                       |            |                       |              |                          |          |                       |                     |                   |
|                                       |            |                       |              |                          |          |                       |                     |                   |
|                                       |            |                       |              |                          |          |                       |                     |                   |
|                                       |            |                       |              |                          |          |                       |                     |                   |
| Total DSEs                            |            |                       | 0.00         | Total DSEs               | <b>_</b> | ····                  | 0.00                |                   |
| Gross Receipts First G                | roup       | \$                    | 0.00         | Gross Receipts Secor     | d Group  | \$                    | 0.00                |                   |
| Base Rate Fee First Group \$ 0.00     |            |                       |              | Base Rate Fee Secor      |          | \$<br>SUBSCRIBER GROU | 0.00                |                   |
| SEVENTY-NINTH SUBSCRIBER GROUP        |            |                       |              |                          |          |                       |                     |                   |
| COMMUNITY/ AREA                       |            |                       | 0            | COMMUNITY/ AREA          |          |                       | U                   |                   |
| 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                | roun       | \$                    | 0.00         | Gross Receipts Fourth    | Group    | \$                    | 0.00                |                   |
|                                       | , oup      | <u>•</u>              | 0.00         |                          | , Sioup  | <u>*</u>              | 3.00                |                   |
| Base Rate Fee Third G                 | iroup      | \$                    | 0.00         | Base Rate Fee Fourth     | Group    | \$                    | 0.00                |                   |
| Base Rate Fee: Add th                 | e hase rat | te fees for each subs | criber group | as shown in the hoves    | 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>006545 | Name              |
|---------------------------------------|------------|-----------------------|--------------|-------------------------|----------|-----------------|---------------------|-------------------|
|                                       |            |                       |              | TE FEES FOR EACH        |          |                 |                     |                   |
| EIGH <sup>-</sup><br>COMMUNITY/ AREA  | TY-FIRST   | SUBSCRIBER GRO        | JP<br>0      | EIGHT                   | -SECOND  | SUBSCRIBER GROU | IP<br>0             | 9                 |
| COMMONT T/ AREA                       |            |                       |              | COMMONT T/ 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              |          | ļļ              | 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                |                   |
|                                       | Y-THIRD    | SUBSCRIBER GRO        |              |                         | /-FOURTH | SUBSCRIBER GROU | IP •                |                   |
| COMMUNITY/ AREA                       |            |                       | 0            | COMMUNITY/ AREA         |          |                 | 0                   |                   |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE          | CALL SIGN               | DSE      | CALL SIGN       | DSE                 |                   |
|                                       |            |                       |              |                         |          |                 |                     |                   |
|                                       |            |                       |              |                         |          |                 |                     |                   |
|                                       |            |                       |              |                         |          | •               |                     |                   |
|                                       |            |                       |              |                         |          |                 |                     |                   |
|                                       |            |                       |              |                         |          |                 |                     |                   |
|                                       |            |                       |              |                         |          |                 |                     |                   |
|                                       |            |                       |              |                         |          |                 |                     |                   |
|                                       |            |                       |              |                         |          |                 |                     |                   |
|                                       |            |                       |              |                         |          |                 |                     |                   |
|                                       |            | -                     |              |                         |          |                 |                     |                   |
|                                       |            |                       |              |                         |          |                 |                     |                   |
| T / 1 D 0 -                           |            |                       |              |                         | l        |                 |                     |                   |
| 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                 | 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 a | above.   |                 |                     |                   |
| Enter here and in block               |            |                       | JP           |                         | -        | \$              |                     |                   |

| 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>006545 | 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>Dominium      |
|                                       |            |                        |              |                         |           |                 |                     | Partially<br>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                |                      |
|                                       | SEVENTH    | SUBSCRIBER GRO         |              |                         | Y-EIGHTH  | SUBSCRIBER GROU | JP                  |                      |
| 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                | Group      | \$                     | 0.00         | Gross Receipts Fourth   | Group     | \$              | 0.00                |                      |
| Base Rate Fee Third G                 | iroup      | \$                     | 0.00         | Base Rate Fee Fourth    | Group     | \$              | 0.00                |                      |
|                                       |            | <b>•</b>               | 0.00         |                         | Siddh     | <b>*</b>        | 0.00                |                      |
| Base Rate Fee: Add th                 | e base rat | te fees for each subse | criber aroun | as shown in the boxes a | above     |                 |                     |                      |
| Enter here and in block               |            |                        | 9.00p        |                         |           | \$              |                     |                      |

| 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>006545 | Name              |
|---------------------------------------|------------|-----------------------|--------------|-------------------------|----------|-----------------|---------------------|-------------------|
|                                       |            |                       |              | TE FEES FOR EACH        |          |                 |                     |                   |
| EIGH1<br>COMMUNITY/ AREA              | Y-NINTH    | SUBSCRIBER GRO        | UP<br>0      | COMMUNITY/ AREA         | NINTIETH | SUBSCRIBER GROL | IP<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          |
|                                       |            |                       |              |                         |          |                 |                     |                   |
|                                       |            |                       |              |                         |          | •               |                     |                   |
|                                       |            |                       |              |                         |          | <b>[</b> ]      |                     |                   |
|                                       |            |                       |              |                         |          |                 |                     |                   |
| Total DSEs                            |            |                       | 0.00         | Total DSEs              | Į        | ·               | 0.00                |                   |
| Gross Receipts First G                | roup       | \$                    | 0.00         | Gross Receipts Secon    | d Group  | \$              | 0.00                |                   |
| Base Rate Fee First Gr                | oup        | \$                    | 0.00         | Base Rate Fee Secon     | d Group  | \$              | 0.00                |                   |
|                                       | TY-FIRST   | SUBSCRIBER GRO        |              |                         | -SECOND  | SUBSCRIBER GROU | IP                  |                   |
| 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                | iroup      | \$                    | 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 subs | criber group | as shown in the boxes a | above.   |                 |                     |                   |
| Enter here and in block               |            |                       | J P          |                         |          | \$              |                     |                   |

| 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>006545 | Name                 |
|---------------------------------------|--------------|------------------|--------------|--------------------------|-----------|-----------------|---------------------|----------------------|
|                                       |              |                  |              | TE FEES FOR EACH         |           |                 |                     |                      |
| NINET                                 | Y-THIRD      | SUBSCRIBER GRO   | UP<br>0      | NINET<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 G                | roup         | \$               | 0.00         | Gross Receipts Secon     | d Group   | \$              | 0.00                |                      |
| Base Rate Fee First G                 |              | \$               | 0.00         | Base Rate Fee Secon      |           | \$              | 0.00                |                      |
| NINE<br>COMMUNITY/ AREA               | TY-FIFTH     | SUBSCRIBER GRO   | UP<br>0      |                          | ETY-SIXTH | SUBSCRIBER GROU | JP<br>o             |                      |
| COMMONT I/ 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) |              |                          |           | \$              |                     |                      |

| FORM SA3E. PA | GE | 19. |
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| LEGAL NAME OF OWNE      |                | LE SYSTEM:            |              |                         |          | S               | YSTEM ID#<br>006545 | Name                     |
|-------------------------|----------------|-----------------------|--------------|-------------------------|----------|-----------------|---------------------|--------------------------|
| В                       | LOCK A:        | COMPUTATION O         | F BASE RA    | TE FEES FOR EACH        | SUBSCR   | IBER GROUP      |                     |                          |
| NINETY-                 | SEVENTH        | SUBSCRIBER GRC        | UP           | NINET                   | Y-EIGHTH | SUBSCRIBER GROU | JP                  | 9                        |
| COMMUNITY/ AREA         |                |                       | 0            | COMMUNITY/ AREA         |          |                 | 0                   | <b>C</b> omputation      |
| CALL SIGN               | DSE            | CALL SIGN             | DSE          | CALL SIGN               | DSE      | CALL SIGN       | DSE                 | of                       |
|                         |                |                       |              |                         |          |                 |                     | Base Rate Fee            |
|                         |                |                       |              |                         |          |                 |                     | and                      |
|                         |                |                       |              |                         |          |                 |                     | Syndicated               |
|                         |                |                       |              |                         |          |                 |                     | Exclusivity<br>Surcharge |
|                         |                |                       |              |                         |          | +               |                     | for                      |
|                         |                |                       |              |                         |          |                 |                     | Partially                |
|                         |                |                       |              |                         |          |                 |                     | Distant                  |
|                         | <mark>.</mark> |                       |              |                         |          |                 |                     | Stations                 |
|                         | <mark></mark>  |                       |              |                         |          |                 |                     |                          |
|                         | <mark></mark>  |                       |              |                         |          |                 |                     |                          |
|                         |                |                       |              |                         |          |                 |                     |                          |
|                         |                |                       |              |                         |          |                 |                     |                          |
|                         |                |                       |              |                         | ļ        |                 |                     |                          |
| 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 G   | iroup          | \$                    | 0.00         | Base Rate Fee Secon     | d Group  | \$              | 0.00                |                          |
| NINE                    | TY-NINTH       | SUBSCRIBER GRC        | UP           | ONE HU                  | NDREDTH  | SUBSCRIBER GROU | JP                  |                          |
| COMMUNITY/ AREA         |                |                       | 0            | COMMUNITY/ AREA         |          |                 | 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 Fourth   | Group    | \$              | 0.00                |                          |
| Base Rate Fee Third C   | Group          | \$                    | 0.00         | Base Rate Fee Fourth    | Group    | \$              | 0.00                |                          |
| Base Rate Fee: Add th   | ne base ra     | te fees for each subs | criber group | as shown in the boxes a | above.   |                 |                     |                          |
| Enter here and in block |                |                       | - 1          |                         |          | \$              |                     |                          |

| FORM SA3E. PAGE 19 |
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| CALL SIGN       DSE       Call SIGN       Call SIGN <t< th=""><th>CABLE ONE, INC</th><th></th><th></th><th></th><th></th><th></th><th></th><th>006545</th><th></th></t<>   | CABLE ONE, INC         |               |                |               |                                  |               |                  | 006545        |              |
|--|------------------------|---------------|----------------|---------------|----------------------------------|---------------|------------------|---------------|--------------|
| CALL SIGN       DSE  |                        |               |                |               | m                                |               |                  | UP            | -            |
| CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         and           Image: State Field State Fi  | COMMUNITY/ AREA        |               |                | 0             | COMMUNITY/ ARE                   | Α             |                  | 0             | -            |
| and Syndicated Scalarship Scalars | CALL SIGN              | DSE           | CALL SIGN      | DSE           | CALL SIGN                        | DSE           | CALL SIGN        | DSE           |              |
| Syndicated         Syndicated         Secturity         Source and   |                        |               |                |               |                                  |               |                  |               | Base Rate Fe |
| Image: Second Group       Image: Second Group<   |                        | <mark></mark> |                |               |                                  |               |                  | ·····         |              |
| Surcharge       Surcharge       Surcharge       Surcharge       Partially         Colar DSEs       0.00       Total DSEs       0.00       Surcharge       Surcharge         Sase Rate Fee Third Group       \$       0.00       Total DSEs       0.00       Surcharge         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Colar DSEs       0.00       Surcharge       Surcharge       Surcharge       Surcharge         Sores Receipts First Group       \$       0.00       Surcharge       Surcharge       Surcharge         Colar DSEs       0.00       Colar DSE       Surcharge       Surcharge       Surcharge         Colar HUNDRED THIRD SUBSCRIBER GROUP       ONE HUNDRED FOURTH SUBSCRIBER GROUP       Colar Subscriber Group       Surcharge       Surcharge         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Sase Rate Fee Third Group       \$       Surcharge       Surcharge       Surcharge         Sase Rate Fee Third Group       \$       0.00       Sase Rate Fee Fourth Group       \$       0.00         Sase Rate Fee Third Group       \$       0.00       Sase Rate Fee Fourth Group  |                        | ···           |                |               |                                  |               |                  | •••••         |              |
| Image:                                |                        |               |                |               |                                  |               | •                |               |              |
| Distant       Distant         Colal DSEs       0.00         Stations       Total DSEs         Stations       0.00         ONE HUNDRED THIRD SUBSCRIBER GROUP       ONE HUNDRED FOURTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         Stations       0.00       0.00       0.00         Stations       0.000       0.00   |                        |               |                |               |                                  |               |                  |               |              |
| Stations   |                        |               |                |               |                                  |               |                  |               |              |
| Otal DSEs       0.00       Total DSEs       0.00         Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$       0.00         Sase Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         ONE HUNDRED THIRD SUBSCRIBER GROUP       ONE HUNDRED FOURTH SUBSCRIBER GROUP       ONE HUNDRED 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         Cotal DSEs       0.00       Gross Receipts Fourth Group       \$       0.00         Total DSEs       0.00       Forse Receipts Fourth Group       \$       0.00         Gross Receipts Fourth Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Gross Receipts Fourth Group       \$       0.00       Gross Receipts Fourth Group<   |                        | <mark></mark> |                | <mark></mark> |                                  | <mark></mark> |                  | <mark></mark> |              |
| Gross Receipts First Group       s       0.00         Base Rate Fee First Group       s       0.00         ONE HUNDRED THIRD SUBSCRIBER GROUP       ONE HUNDRED FOURTH SUBSCRIBER GROUP       ONE HUNDRED FOURTH 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         Foral DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Foral DSE       COMMUNITY/ AREA       COMUNITY/ AREA   |                        | ···           |                |               |                                  |               |                  | ••••          | Stations     |
| Gross Receipts First Group       s       0.00         Base Rate Fee First Group       s       0.00         Base Rate Fee First Group       s       0.00         ONE HUNDRED THIRD SUBSCRIBER GROUP       ONE HUNDRED FOURTH SUBSCRIBER GROUP       ONE HUNDRED 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         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       s       0.00         Base Rate Fee First Group       s       0.00         ONE HUNDRED THIRD SUBSCRIBER GROUP       ONE HUNDRED FOURTH SUBSCRIBER GROUP       ONE HUNDRED FOURTH 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         Foral DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Foral DSE       COMMUNITY/ AREA       COMUNITY/ AREA   |                        |               | ]              |               | ]                                |               |                  |               |              |
| Gross Receipts First Group       s       0.00         Base Rate Fee First Group       s       0.00         Base Rate Fee First Group       s       0.00         ONE HUNDRED THIRD SUBSCRIBER GROUP       ONE HUNDRED FOURTH SUBSCRIBER GROUP       ONE HUNDRED 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         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   |                        | <mark></mark> |                |               |                                  |               |                  | <mark></mark> |              |
| Gross Receipts First Group       s       0.00         Base Rate Fee First Group       s       0.00         Base Rate Fee First Group       s       0.00         ONE HUNDRED THIRD SUBSCRIBER GROUP       ONE HUNDRED FOURTH SUBSCRIBER GROUP       ONE HUNDRED 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         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   |                        | <mark></mark> |                |               |                                  |               |                  |               |              |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         ONE HUNDRED THIRD SUBSCRIBER GROUP       ONE HUNDRED FOURTH SUBSCRIBER GROUP       ONE HUNDRED 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         Gross Receipts Third Group       0       0       0       0       0         Fotal DSEs       0.00       Total DSEs       0.00       0.00       0.00       0.00         Base Rate Fee Third Group       \$       0.00       S       0.00       0.00       0.00   |                        | _             |                |               |                                  |               |                  |               |              |
| Base Rate Fee First Group       \$       0.00         ONE HUNDRED THIRD SUBSCRIBER GROUP       ONE HUNDRED FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE         Call DSE       COMUNITY (AREA       COMUNITY (AREA       COMUNITY)         Total DSEs       0.00       Gross Receipts Fourth 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          |              |
| ONE HUNDRED THIRD SUBSCRIBER GROUP       ONE HUNDRED FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE         COMUNITY/ AREA       O         COMUNITY       CALL SIGN         CALL SIGN       DSE         CALL SIGN       DSE         Gross Receipts Third Group       S <td>Gross Receipts First G</td> <td>Group</td> <td>\$</td> <td>0.00</td> <td>Gross Receipts Sec</td> <td>ond Group</td> <td>\$</td> <td>0.00</td> <td></td>  | Gross Receipts First G | Group         | \$             | 0.00          | Gross Receipts Sec               | 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         Community/ AREA       Community/ AREA       Community/ AREA       Community/ AREA       Community/ AREA       Community/ AREA         Call SIGN       DSE       CALL SIGN       DSE       Call SIGN       DSE       Call SIGN       Call S  | Base Rate Fee First G  | Group         | \$             | 0.00          | Base Rate Fee Sec                | 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       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DS   | ONE HUNDR              | ED THIRD      | SUBSCRIBER GRO | OUP           | ONE HUNDF                        | ED FOURTH     | I SUBSCRIBER GRO | UP            |              |
| Image: Second Secon            | COMMUNITY/ AREA        |               |                | 0             | COMMUNITY/ ARE                   | Α             |                  | 0             |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   | CALL SIGN              |               |                | DOF           |                                  |               |                  |               |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                        | DSE           | CALL SIGN      | DSE           | CALL SIGN                        | DSE           | CALL SIGN        | DSE           |              |
| Gross Receipts Third Group       \$       0.00         Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                        | DSE           |                | DSE           |                                  | DSE           | CALL SIGN        | DSE           |              |
| Gross Receipts Third Group       \$       0.00         Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                        | DSE           |                |               |                                  | DSE           | CALL SIGN        | DSE           |              |
| Gross Receipts Third Group       \$       0.00         Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00  |                        | DSE           |                |               |                                  |               | CALL SIGN        | DSE           |              |
| Gross Receipts Third Group       \$       0.00         Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                        | DSE           |                |               |                                  | DSE           | CALL SIGN        | DSE           |              |
| Gross Receipts Third Group       \$       0.00         Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                        | DSE           |                |               |                                  | DSE           | CALL SIGN        | DSE           |              |
| Gross Receipts Third Group       \$       0.00         Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                        | DSE           |                |               |                                  |               | CALL SIGN        | DSE           |              |
| Gross Receipts Third Group       \$       0.00         Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                        | DSE           |                |               |                                  |               | CALL SIGN        | DSE           |              |
| Gross Receipts Third Group       \$       0.00         Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                        |               |                |               |                                  | DSE           | CALL SIGN        | DSE           |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                        |               |                |               |                                  | DSE           | CALL SIGN        | DSE           |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                        |               |                |               |                                  | DSE           | CALL SIGN        | DSE           |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |                        |               |                |               |                                  | DSE           | CALL SIGN        | DSE           |              |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00   |                        |               |                |               |                                  | DSE           | CALL SIGN        | DSE           |              |
|  | Total DSEs             |               |                |               |                                  | DSE           | CALL SIGN        |               |              |
|  |                        |               |                | 0.00          | Total DSEs                       |               | CALL SIGN        | 0.00          |              |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |                        | Group         |                | 0.00          | Total DSEs<br>Gross Receipts Fou | rth Group     | S                | 0.00          |              |
|  | Gross Receipts Third ( | Group         |                | 0.00          | Total DSEs<br>Gross Receipts Fou | rth Group     | S                | 0.00          |              |

FORM SA3E. PAGE 19.

| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CABL    | E SYSTEM:        |             |  |                                       | SY              | STEM ID#<br>006545 | Name                      |
|---------------------------------------|--------------|------------------|-------------|--|---------------------------------------|-----------------|--------------------|---------------------------|
|                                       |              |                  |             | TE FEES FOR EACH                                     |                                       |                 |                    |                           |
|                                       | D FIFTH      | SUBSCRIBER GROU  |             | ONE HUNDRED SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 |                                       |                 |                    | 9                         |
| COMMUNITY/ AREA 0                     |              |                  |             | COMMUNITY/ AREA                                      | 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 Gr                | oup          | \$               | 0.00        | Base Rate Fee Secon                                  | d Group                               | \$              | 0.00               |                           |
| ONE HUNDRED S                         | EVENTH       | SUBSCRIBER GROU  | IP          | ONE HUNDRE   | D EIGHTH                              | SUBSCRIBER GROU | Р                  |                           |
| COMMUNITY/ AREA 0                     |              |                  | 0           | COMMUNITY/ AREA                                      |                                       |                 |                    |                           |
| CALL SIGN                             | DSE          | CALL SIGN        | DSE         | CALL SIGN  | DSE                                   | CALL SIGN       | DSE                |                           |
|                                       |              |                  |             |  |                                       |                 |                    |                           |
|                                       |              |                  |             |  |                                       |                 |                    |                           |
|                                       |              |                  |             |  |                                       |                 |                    |                           |
|                                       |              |                  |             |  |                                       |                 |                    |                           |
|                                       |              |                  |             |  |                                       |                 |                    |                           |
|                                       |              |                  |             |  |                                       |                 |                    |                           |
|                                       |              |                  |             |  |                                       |                 | <mark></mark>      |                           |
|                                       |              |                  |             |  |                                       |                 | <mark></mark>      |                           |
|                                       |              |                  |             |  |                                       |                 |                    |                           |
|                                       |              |                  |             |  |                                       |                 |                    |                           |
|                                       |              |                  |             |  |                                       |                 | <mark></mark>      |                           |
|                                       |              |                  |             |  |                                       |                 | <mark></mark>      |                           |
|                                       | I            |                  |             |  | 1                                     |                 |                    |                           |
| 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, s | space L (page 7) |             |  |                                       | \$              |                    |                           |

FORM SA3E. PAGE 19.

| EGAL NAME OF OWNE<br>CABLE ONE, INC.               |                                       |                |      |  |           |                  | 006545 | Name            |
|--|---------------------------------------|----------------|------|--|-----------|------------------|--------|-----------------|
|  |                                       |                |      |  |           |                  | LIP    |                 |
| ONE HUNDRED NINTH SUBSCRIBER GROUP COMMUNITY/ AREA |                                       |                |      | ONE HUNDRED TENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 |           |                  |        | 9               |
| CALL SIGN  | DSE                                   | CALL SIGN      | DSE  | CALL SIGN DSE CALL SIGN DSE                          |           |                  |        | Computatio      |
| CALL SIGN  | DSE                                   | CALL SIGN      | DSE  | CALL SIGN  | DSE       |                  | DSE    | Base Rate I     |
|  |                                       |                |      |  |           |                  |        | and             |
|  |                                       |                |      |  |           |                  |        | Syndicate       |
|  |                                       |                |      |  |           |                  |        | Exclusivi       |
|  |                                       |                |      |  |           |                  |        | Surcharg<br>for |
|  |                                       |                |      |  |           |                  |        | Partially       |
|  |                                       |                |      |  |           |                  |        | Distant         |
|  |                                       |                |      |  |           | •                |        | Stations        |
|  |                                       |                |      |  | ····      | •                |        |                 |
|  |                                       |                |      |  |           | •                |        |                 |
|  |                                       |                |      | ]  |           |                  |        |                 |
|  |                                       |                |      |  |           |                  |        |                 |
|  |                                       |                |      |  |           |                  |        |                 |
| Total DSEs         0.00                            |                                       |                |      | Total DSEs 0.00                                      |           |                  |        |                 |
| Bross Receipts First Group \$ 0.00                 |                                       |                | 0.00 | Gross Receipts Second Group \$ 0.                    |           |                  | 0.00   |                 |
| <b>ase Rate Fee</b> First G                        | roup                                  | \$             | 0.00 | Base Rate Fee Seco                                   | ond Group | \$               | 0.00   |                 |
| ONE HUNDRED E                                      | LEVENTH                               | SUBSCRIBER GRO | UP   | ONE HUNDRE   | D TWELVTH | I SUBSCRIBER GRO | UP     |                 |
| COMMUNITY/ AREA 0                                  |                                       |                |      | COMMUNITY/ AREA 0                                    |           |                  |        |                 |
| CALL SIGN  | DSE                                   | CALL SIGN      | DSE  | CALL SIGN  | DSE       | CALL SIGN        | DSE    |                 |
|  |                                       |                |      |  |           | •                |        |                 |
|  |                                       |                |      |  |           |                  |        |                 |
|  |                                       |                |      |  |           | •                |        |                 |
|  |                                       |                |      |  |           |                  |        |                 |
|  |                                       |                |      |  |           |                  |        |                 |
|  |                                       |                |      |  |           |                  |        |                 |
|  |                                       |                |      |  |           |                  |        |                 |
|  |                                       | -              |      |  |           |                  |        |                 |
|  |                                       |                |      |  |           |                  |        |                 |
|  |                                       |                |      |  |           | •                |        |                 |
|  | ·                                     |                |      |  | ····      |                  |        |                 |
|  |                                       |                |      |  |           |                  |        |                 |
| otal 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   |                 |
| Broup \$ 0.00 Ba                                   | e fees for each subscriber group as s |                |      |  |           | \$\$             | 0.00   |                 |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006545  |            |                        |            |                       |                                       |                  |          |                           |  |
|---|------------|------------------------|------------|-----------------------|---------------------------------------|------------------|----------|---------------------------|--|
|   |            |                        |            | TE FEES FOR EACH      |                                       |                  |          |                           |  |
| ONE HUNDRED THIR  | TEENTH     | SUBSCRIBER GROU        |            |                       | IRTEENTH                              | SUBSCRIBER GROUI |          | 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       |  |
|   |            |                        |            |                       |                                       |                  | <b>.</b> | Stations                  |  |
|   |            |                        |            |                       |                                       |                  |          |                           |  |
|   |            |                        |            |                       |                                       |                  |          |                           |  |
|   |            |                        |            |                       |                                       |                  |          |                           |  |
|   |            |                        |            |                       |                                       |                  |          |                           |  |
| Total DSEs  | <u> </u> Į |                        | 0.00       |                       | Į                                     |                  | 0.00     |                           |  |
|   |            |                        |            | Total DSEs            |                                       |                  |          |                           |  |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.0   |            |                        |            |                       |                                       | 0.00             |          |                           |  |
|   |            |                        | 0.00       | Base Rate Fee Secon   |                                       | \$               | 0.00     |                           |  |
|   | TEENTH     | SUBSCRIBER GROU        |            | 11                    | IE HUNDRED SIXTEENTH 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 Group  |            |                        |            |                       |                                       | \$               | 0.00     |                           |  |
| Base Rate Fee Third Group \$ 0.00 B   |            |                        |            | 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# 006545   |          |                              |            |                         |         |                  |          |                           |  |
|--|----------|------------------------------|------------|-------------------------|---------|------------------|----------|---------------------------|--|
|  |          |                              |            | 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>Our dise to d      |  |
|  |          |                              |            |                         |         |                  |          | Syndicated<br>Exclusivity |  |
|  |          |                              |            |                         |         |                  |          | Surcharge                 |  |
|  |          |                              |            |                         |         |                  |          | for                       |  |
|  |          |                              |            |                         |         |                  |          | Partially                 |  |
|  |          |                              |            |                         |         |                  |          | Distant<br>Stations       |  |
|  |          |                              |            |                         |         |                  | ·····    | Stations                  |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
| Total DSEs   | <u> </u> | ļ                            | 0.00       | Total DSEs              |         |                  | 0.00     |                           |  |
| Gross Receipts First Group \$ 0.0  |          |                              |            | Gross Receipts Second   | d Group | \$               | 0.00     |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
| Base Rate Fee First Gr   |          | \$                           | 0.00       | Base Rate Fee Second    |         | \$               | 0.00     |                           |  |
|  | TEENTH   | SUBSCRIBER GROU              | P<br>0     |                         |         |                  |          |                           |  |
| COMMUNITY/ AREA  |          |                              | U          | COMMUNITY/ AREA         |         |                  | 0        |                           |  |
| CALL SIGN  | DSE      | CALL SIGN                    | DSE        | CALL SIGN               | DSE     | CALL SIGN        | DSE      |                           |  |
|  |          | _                            |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  | <b>.</b> |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
|  |          |                              |            |                         |         |                  |          |                           |  |
| Total DSEs   |          |                              | 0.00       | Total DSEs              | I       |                  | 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   | hase ret | <b>e fees</b> for each subso | iber aroup | as shown in the hoves a | hove    |                  |          |                           |  |
| 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.     006545                 |          |                  |             |                         |          |                  |      |                           |  |
|--|----------|------------------|-------------|-------------------------|----------|------------------|------|---------------------------|--|
|  |          |                  |             | TE FEES FOR EACH        |          |                  |      |                           |  |
|  | TY-FIRST | SUBSCRIBER GROU  |             |                         | Y-SECOND | SUBSCRIBER GROUP | 0    | 9                         |  |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |          |                  |      | Computation               |  |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  | of                        |  |
|  |          |                  |             |                         |          |                  |      | Base Rate Fee             |  |
|  |          |                  |             |                         |          |                  |      | and<br>Our diseased       |  |
|  |          |                  |             |                         |          |                  |      | Syndicated<br>Exclusivity |  |
|  |          |                  |             |                         |          |                  |      | Surcharge                 |  |
|  |          |                  |             |                         |          |                  |      | for                       |  |
|  |          |                  |             |                         |          | -                |      | Partially                 |  |
|  |          |                  |             |                         |          |                  |      | Distant<br>Stations       |  |
|  |          |                  |             |                         |          |                  |      | Stations                  |  |
|  |          |                  |             |                         |          |                  |      |                           |  |
|  |          |                  |             |                         |          |                  |      |                           |  |
|  |          |                  |             |                         |          |                  |      |                           |  |
|  |          |                  |             |                         |          |                  |      |                           |  |
| Total DSEs   | <u> </u> |                  | 0.00        | Total DSEs              | Į        | <u> </u>         | 0.00 |                           |  |
| Gross Receipts First Group \$ 0.0  |          |                  |             | Gross Receipts Second   | d Group  | \$               | 0.00 |                           |  |
|  |          |                  |             |                         |          |                  |      |                           |  |
| Base Rate Fee First Group \$ 0.00  |          |                  | 0.00        | Base Rate Fee Second    |          | \$               | 0.00 |                           |  |
|  | TY-THIRD | SUBSCRIBER GROUP | 0           |                         |          |                  |      |                           |  |
| 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              | <u> </u> |                  | 0.00 |                           |  |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00 |          |                  |             |                         |          |                  |      |                           |  |
| Base Rate Fee Third Group \$ 0.00 Base   |          |                  |             | Base Rate Fee Fourth    | Group    | \$               | 0.00 |                           |  |
|  |          |                  |             |                         |          |                  |      |                           |  |
|  |          |                  | 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.006545   |          |                        |             |                       |            |                  |      |                           |  |
|---|----------|------------------------|-------------|-----------------------|------------|------------------|------|---------------------------|--|
|   |          |                        | BASE RA     | TE FEES FOR EACH      |            |                  |      |                           |  |
|   | 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<br>Sumdia stad        |  |
|   |          |                        |             |                       |            |                  |      | Syndicated<br>Exclusivity |  |
|   |          |                        |             |                       |            |                  |      | Surcharge                 |  |
|   |          | _                      |             |                       |            |                  |      | for                       |  |
|   |          |                        |             |                       |            |                  |      | Partially                 |  |
|   |          |                        |             |                       |            |                  |      | Distant<br>Stations       |  |
|   |          |                        |             |                       |            |                  |      | otationo                  |  |
|   |          |                        |             |                       |            |                  |      |                           |  |
|   |          |                        |             |                       |            |                  |      |                           |  |
|   |          |                        |             |                       |            |                  |      |                           |  |
|   |          |                        |             |                       |            |                  |      |                           |  |
| Total DSEs  | LI       |                        | 0.00        | Total DSEs            | . <u>.</u> |                  | 0.00 |                           |  |
|   |          |                        |             |                       |            |                  |      |                           |  |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  |          |                        |             |                       |            |                  |      |                           |  |
| Base Rate Fee First Group \$ 0.00   |          |                        | 0.00        | Base Rate Fee Secon   |            | \$               | 0.00 |                           |  |
| NE HUNDRED TWENTY-  | SEVENTH  | SUBSCRIBER GROUP       |             | ONE HUNDRED TWEN      |            |                  |      |                           |  |
| 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 |                           |  |
| Baco Data Eace Add the  | hace     | o foos for oach subset | riber group | as shown in the house | 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 OWI                           |          |                 |               |                                     |           |                    | 6YSTEM ID#<br>006545 | Name              |  |
|---|----------|-----------------|---------------|-------------------------------------|-----------|--------------------|----------------------|-------------------|--|
|   |          |                 |               | TE FEES FOR EAC                     |           |                    |                      |                   |  |
| COMMUNITY/ AREA                             |          | SUBSCRIBER GROU | 0<br>0        | COMMUNITY/ AREA                     |           | SUBSCRIBER GROUI   | ۹<br>٥               | 9                 |  |
|   |          |                 |               |                                     |           |                    |                      | Computatio        |  |
| CALL SIGN                                   | DSE      | CALL SIGN       | DSE           | CALL SIGN                           | DSE       | CALL SIGN          | DSE                  | of<br>Bass Bats F |  |
|   |          |                 |               |                                     |           |                    |                      | Base Rate F       |  |
|   |          |                 |               |                                     |           |                    |                      | Syndicated        |  |
|   |          |                 |               |                                     |           |                    |                      | Exclusivity       |  |
|   | ·····    |                 |               |                                     |           | •                  |                      | Surcharge<br>for  |  |
|   |          |                 |               |                                     |           |                    |                      | Partially         |  |
|   |          |                 |               |                                     |           |                    |                      | Distant           |  |
|   |          |                 |               |                                     |           |                    |                      | Stations          |  |
|   |          | +               |               |                                     |           |                    |                      |                   |  |
|   |          |                 |               |                                     |           |                    |                      |                   |  |
|   |          |                 |               |                                     |           |                    |                      |                   |  |
|   |          | -               |               |                                     |           | •                  |                      |                   |  |
| otal DSEs                                   | <u>.</u> | +               | 0.00          | Total DSEs                          | •         | **                 | 0.00                 |                   |  |
| Gross Receipts First Group \$ 0.00          |          |                 |               | Gross Receipts Second Group \$ 0.00 |           |                    |                      |                   |  |
|   |          | -               |               |                                     |           |                    |                      |                   |  |
| Base Rate Fee First                         | Group    | \$              | 0.00          | Base Rate Fee Seco                  | ond Group | \$                 | 0.00                 |                   |  |
|   |          | SUBSCRIBER GROU |               | 1                                   |           | D SUBSCRIBER GROUI |                      |                   |  |
| COMMUNITY/ AREA                             |          |                 | 0             | COMMUNITY/ ARE                      |           |                    |                      |                   |  |
| CALL SIGN                                   | DSE      | CALL SIGN       | DSE           | CALL SIGN                           | DSE       | CALL SIGN          | DSE                  |                   |  |
|   |          |                 |               |                                     |           | •                  |                      |                   |  |
|   |          |                 |               |                                     |           |                    |                      |                   |  |
|   |          |                 |               |                                     |           | •                  |                      |                   |  |
|   |          |                 |               |                                     |           |                    |                      |                   |  |
|   |          |                 |               |                                     |           |                    |                      |                   |  |
|   |          |                 |               |                                     |           |                    |                      |                   |  |
|   | ••••     |                 |               |                                     |           |                    |                      |                   |  |
|   |          |                 |               |                                     |           |                    |                      |                   |  |
|   |          |                 |               |                                     |           | •                  |                      |                   |  |
|   |          |                 |               |                                     |           |                    |                      |                   |  |
|   |          |                 |               |                                     |           |                    |                      |                   |  |
| otal DSEs                                   |          |                 | 0.00          | Total DSEs                          |           |                    | 0.00                 |                   |  |
| Gross Receipts Third                        | Group    | \$              | 0.00          | Gross Receipts Four                 | th Group  | \$                 | 0.00                 |                   |  |
|   |          |                 |               |                                     |           |                    |                      |                   |  |
| Base Rate Fee Third                         | Group    | \$              | 0.00          | Base Rate Fee Four                  | th Group  | \$                 | 0.00                 |                   |  |
| Base Rate Fee: Add<br>Enter here and in blo |          |                 | scriber group | as shown in the boxes               | s above.  | \$                 |                      |                   |  |

|                  | 006545            |                    |               |                     |               | LE SYSTEM:                         | ).            | CABLE ONE, INC                       |  |
|------------------|-------------------|--------------------|---------------|---------------------|---------------|------------------------------------|---------------|--------------------------------------|--|
|                  |                   |                    |               | TE FEES FOR EAC     |               |                                    |               |                                      |  |
| 9                | ,<br>0            | I SUBSCRIBER GROUP | TY-FOURTH     | ONE HUNDRED THI     | P<br>0        | SUBSCRIBER GROU                    |               | ONE HUNDRED THI                      |  |
| Computatio       | U                 |                    |               |                     |               |                                    |               |                                      |  |
| of               | DSE               | CALL SIGN          | DSE           | CALL SIGN           | DSE           | CALL SIGN                          | DSE           | CALL SIGN                            |  |
| Base Rate F      |                   |                    |               |                     |               |                                    |               |                                      |  |
| and<br>Syndicate |                   |                    | <mark></mark> |                     |               |                                    | ····          |                                      |  |
| Exclusivit       |                   |                    |               |                     |               |                                    |               |                                      |  |
| Surcharge        |                   |                    |               |                     |               |                                    |               |                                      |  |
| for<br>Partially |                   |                    | <mark></mark> |                     |               |                                    | <mark></mark> |                                      |  |
| Distant          |                   | •                  |               |                     |               |                                    |               |                                      |  |
| Stations         |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  |                   |                    | <mark></mark> |                     |               |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    | ····          |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  | 0.00              |                    |               | Total DSEs          | 0.00          |                                    |               | lotal DSEs                           |  |
|                  | 0.00              | \$                 | nd Group      | Gross Receipts Seco | 0.00          | Gross Receipts First Group \$ 0.00 |               |                                      |  |
|                  | 0.00              | \$                 | nd Group      | Base Rate Fee Seco  | 0.00          | \$                                 | Group         | ase Rate Fee First G                 |  |
|                  | )                 | I SUBSCRIBER GROUP | IRTY-SIXTH    | ONE HUNDRED T       | Þ             | SUBSCRIBER GROU                    | HRTY-FIFTH    | ONE HUNDRED TH                       |  |
|                  | COMMUNITY/ AREA 0 |                    |               |                     |               |                                    |               | COMMUNITY/ AREA                      |  |
|                  | DOF               | CALL SIGN          | DSE           | CALL SIGN           | DSE           | CALL SIGN                          | DSE           | CALL SIGN                            |  |
|                  | DSE               |                    | DSE           |                     |               |                                    |               |                                      |  |
|                  | DSE               |                    |               |                     | <mark></mark> |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  |                   |                    |               |                     |               |                                    |               |                                      |  |
|                  | 0.00              |                    |               | Total DSEs          | 0.00          |                                    |               | Total DSEs                           |  |
|                  |                   | S                  |               |                     | 0.00          | s                                  | Group         | Total DSEs<br>Gross Receipts Third ( |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006545 |              |                  |             |                         |           |                  |                |                           |  |
|---|--------------|------------------|-------------|-------------------------|-----------|------------------|----------------|---------------------------|--|
|   |              |                  | BASE RA     | TE FEES FOR EACH        |           |                  |                |                           |  |
| ONE HUNDRED THIRTY-   | SEVENTH      | SUBSCRIBER GROUP |             | ii                      | 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<br>Distant      |  |
|   |              |                  |             |                         |           |                  |                | Stations                  |  |
|   |              | -                |             |                         |           | _                |                |                           |  |
|   |              |                  |             |                         |           |                  |                |                           |  |
|   |              |                  |             |                         |           |                  | <mark>.</mark> |                           |  |
|   |              |                  |             |                         |           |                  | <mark></mark>  |                           |  |
|   |              |                  |             |                         |           |                  |                |                           |  |
| Total DSEs  |              |                  | 0.00        | Total DSEs              | *         |                  | 0.00           |                           |  |
| Gross Receipts First Gr   | oun          | \$               | 0.00        | Gross Receipts Secon    | d Group   | \$               | 0.00           |                           |  |
|   |              |                  |             |                         |           |                  |                |                           |  |
| Base Rate Fee First Group \$ 0.00                                   |              |                  | 0.00        | Base Rate Fee Secon     |           | \$               | 0.00           |                           |  |
|   | TY-NINTH     | SUBSCRIBER GROUP |             | ONE HUNDRED             |           |                  |                |                           |  |
| COMMUNITY/ AREA   |              |                  | 0           | COMMUNITY/ AREA         |           |                  |                |                           |  |
| CALL SIGN   | DSE          | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE            |                           |  |
|   |              |                  |             |                         |           |                  |                |                           |  |
|   |              |                  |             |                         | ·         |                  |                |                           |  |
|   |              |                  |             |                         |           | -                |                |                           |  |
|   |              |                  |             |                         |           |                  |                |                           |  |
|   |              |                  |             |                         |           |                  |                |                           |  |
|   |              |                  |             |                         | <b>.</b>  |                  | <mark></mark>  |                           |  |
|   |              |                  |             |                         |           |                  |                |                           |  |
|   |              |                  |             |                         |           |                  |                |                           |  |
|   |              |                  |             |                         |           |                  | <mark>.</mark> |                           |  |
|   |              |                  |             |                         | <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  |              |                  | riber group | as shown in the boxes a | above.    |                  |                |                           |  |
| Enter here and in block   | ວ, iine 1, ຮ | space L (page 7) |             |                         |           | \$               |                |                           |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006545  |          |                  |         |                       |          |                  |         |                           |  |
|---|----------|------------------|---------|-----------------------|----------|------------------|---------|---------------------------|--|
| -   |          |                  | BASE RA | TE FEES FOR EACH      |          |                  |         |                           |  |
|   | TY-FIRST | SUBSCRIBER GROUP | 0       |                       | Y-SECOND | 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>Sundianted         |  |
|   |          |                  |         |                       |          |                  |         | Syndicated<br>Exclusivity |  |
|   |          |                  |         |                       |          |                  |         | Surcharge                 |  |
|   |          |                  |         |                       |          |                  |         | for                       |  |
|   |          |                  |         |                       |          |                  |         | Partially                 |  |
|   |          |                  |         |                       |          |                  |         | Distant<br>Stations       |  |
|   |          |                  |         |                       |          |                  |         | Stations                  |  |
|   |          |                  |         |                       |          |                  |         |                           |  |
|   |          |                  |         |                       |          |                  |         |                           |  |
|   |          |                  |         |                       |          |                  |         |                           |  |
|   |          |                  |         |                       |          |                  |         |                           |  |
| Total DSEs  |          |                  | 0.00    | Total DSEs            | <u> </u> |                  | 0.00    |                           |  |
|   |          |                  |         |                       |          |                  |         |                           |  |
| Gross Receipts First Group  |          |                  |         |                       |          |                  |         |                           |  |
| Base Rate Fee First Group \$ 0.00   |          |                  | 0.00    | Base Rate Fee Secon   |          | \$               | 0.00    |                           |  |
|   | TY-THIRD | SUBSCRIBER GROUP |         | ONE HUNDRED FORT      |          |                  |         |                           |  |
| 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.<br>Enter here and in block 3, line 1, space L (page 7) |          |                  |         |                       |          |                  |         |                           |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006545  |            |                              |             |                         |           |                  |          |                           |  |
|---|------------|------------------------------|-------------|-------------------------|-----------|------------------|----------|---------------------------|--|
|   |            |                              | BASE RA     | TE FEES FOR EACH        |           |                  |          |                           |  |
|   | TY-FIFTH   | SUBSCRIBER GROUP             |             |                         | RTY-SIXTH | 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  | <u> </u>   |                              | 0.00        |                         | Į         | <u> </u>         | 0.00     |                           |  |
|   |            |                              | 0.00        | Total DSEs              |           |                  |          |                           |  |
| Gross Receipts First Gr   | <u>\$</u>  | Gross Receipts Secon         | d Group     | \$                      | 0.00      |                  |          |                           |  |
| Base Rate Fee First Group \$ 0.00   |            |                              | 0.00        | Base Rate Fee Secon     | d Group   | \$               | 0.00     |                           |  |
| ONE HUNDRED FORTY-  | SEVENTH    | SUBSCRIBER GROUP             |             | ONE HUNDRED FOR         |           |                  |          |                           |  |
| COMMUNITY/ AREA   |            |                              | 0           | COMMUNITY/ AREA         |           |                  |          |                           |  |
| CALL SIGN   | DSE        | CALL SIGN                    | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE      |                           |  |
|   |            |                              |             |                         |           | _                |          |                           |  |
|   |            |                              |             |                         |           |                  |          |                           |  |
|   |            |                              |             |                         |           | -                |          |                           |  |
|   |            |                              |             |                         |           |                  |          |                           |  |
|   |            |                              |             |                         |           |                  |          |                           |  |
|   |            |                              |             |                         |           |                  |          |                           |  |
|   |            |                              |             |                         |           | -                | <b>.</b> |                           |  |
|   |            |                              |             |                         |           |                  |          |                           |  |
|   |            |                              |             |                         |           |                  |          |                           |  |
|   |            |                              |             |                         |           |                  |          |                           |  |
|   |            |                              |             |                         |           |                  | <b>.</b> |                           |  |
|   |            |                              |             |                         |           | •                |          |                           |  |
| Total DSEs  |            |                              | 0.00        | Total DSEs              |           |                  | 0.00     |                           |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fo  |            |                              |             |                         | Group     | \$               | 0.00     |                           |  |
| Base Rate Fee Third G   | \$         | Base Rate Fee Fourth         | Group       | \$                      | 0.00      |                  |          |                           |  |
| Base Rate Fee: Add the  | e base rat | <b>e fees</b> for each subsc | riber group | as shown in the boxes a | 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#CABLE ONE, INC.006545   |         |                 |         |                      |          |                  |          |                   |  |
|---|---------|-----------------|---------|----------------------|----------|------------------|----------|-------------------|--|
|   |         |                 |         | TE FEES FOR EACH     |          |                  |          |                   |  |
| ONE HUNDRED FORT  | Y-NINTH | SUBSCRIBER GROU | JP<br>0 | ONE HUNDRED          | FIFTIETH | SUBSCRIBER GROUP | 。<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  | ļļ      |                 | 0.00    | Total DSEs           | <u> </u> | ·····            | 0.00     |                   |  |
| Gross Receipts First Group \$ 0.00  |         |                 |         | Gross Receipts Secon | d Group  | \$               | 0.00     |                   |  |
| Base Rate Fee First Group \$ 0.00   |         |                 | 0.00    | Base Rate Fee Secon  | d Group  | \$               | 0.00     |                   |  |
| ONE HUNDRED FIFT  | Y-FIRST | SUBSCRIBER GROU | JP      | ONE HUNDRED FIFTY    | -SECOND  | SUBSCRIBER GROUP | <b>)</b> |                   |  |
| COMMUNITY/ AREA   |         |                 | 0       | COMMUNITY/ AREA      |          |                  |          |                   |  |
| 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 Group \$ 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.<br>Enter here and in block 3, line 1, space L (page 7) |         |                 |         |                      |          |                  |          |                   |  |

|                  | 006545   |                  |            |                     |          |                                    | IER OF CAB | CABLE ONE, INC       |  |  |
|------------------|----------|------------------|------------|---------------------|----------|------------------------------------|------------|----------------------|--|--|
|                  |          |                  |            | TE FEES FOR EAC     |          |                                    |            |                      |  |  |
| 9                | UP<br>0  | I SUBSCRIBER GRO | Y-FOURTH   | ONE HUNDRED FIF     | UP<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        |          |                  |            |                     |          |                                    |            |                      |  |  |
| and<br>Syndicate | ····     |                  |            |                     |          |                                    |            |                      |  |  |
| Exclusivi        |          |                  |            |                     |          |                                    |            |                      |  |  |
| Surcharg         |          |                  |            |                     |          |                                    |            |                      |  |  |
| for<br>Partially |          |                  |            |                     |          |                                    |            |                      |  |  |
| Distant          |          | •                |            |                     |          |                                    |            |                      |  |  |
| Stations         |          |                  |            |                     |          |                                    |            |                      |  |  |
|                  |          |                  |            |                     |          |                                    |            |                      |  |  |
|                  |          |                  |            |                     |          |                                    |            |                      |  |  |
|                  |          |                  |            |                     |          |                                    |            |                      |  |  |
|                  |          |                  |            |                     |          |                                    |            |                      |  |  |
|                  |          |                  |            |                     |          |                                    |            |                      |  |  |
|                  | 0.00     |                  |            | Total DSEs          | 0.00     |                                    |            | otal DSEs            |  |  |
|                  | 0.00     | \$               | nd Group   | Gross Receipts Seco | 0.00     | Gross Receipts First Group \$ 0.00 |            |                      |  |  |
|                  | 0.00     | \$               | nd Group   | Base Rate Fee Seco  | 0.00     | \$                                 | Group      | ase Rate Fee First G |  |  |
|                  | UP       | I SUBSCRIBER GRO | FTY-SIXTH  | ONE HUNDRED F       | UP       | SUBSCRIBER GRO                     | FTY-FIFTH  | ONE HUNDRED FIR      |  |  |
|                  |          |                  |            | 1                   |          |                                    |            |                      |  |  |
|                  | 0        |                  |            | COMMUNITY/ AREA     | 0        |                                    |            | OMMUNITY/ AREA       |  |  |
|                  | 0<br>DSE | CALL SIGN        | DSE        | COMMUNITY/ AREA     | 0<br>DSE | 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        | DSE<br>DSE | CALL SIGN           | DSE      | CALL SIGN                          |            |                      |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006545 |          |                      |             |                         |           |                  |          |                  |  |
|---|----------|----------------------|-------------|-------------------------|-----------|------------------|----------|------------------|--|
| BL  | OCK A: ( | COMPUTATION OF       | BASE RA     | TE FEES FOR EACH        | SUBSCR    | BER GROUP        |          |                  |  |
| ONE HUNDRED FIFTY-  | SEVENTH  | SUBSCRIBER GROUP     |             | -                       | TY-EIGHTH | SUBSCRIBER GROUP |          | 9                |  |
| COMMUNITY/ AREA   |          |                      | 0           | COMMUNITY/ AREA         |           |                  | 0        | Computation      |  |
| CALL SIGN   | DSE      | CALL SIGN            | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE      | of               |  |
|   | DOL      |                      | DOL         | ONLE OIOIN              | DOL       |                  | DOL      | Base Rate Fee    |  |
|   |          |                      |             |                         |           |                  |          | and              |  |
|   |          |                      |             |                         |           |                  |          | Syndicated       |  |
|   |          |                      |             |                         |           |                  |          | Exclusivity      |  |
|   |          |                      |             |                         |           |                  |          | Surcharge<br>for |  |
|   |          |                      |             |                         |           |                  |          | Partially        |  |
|   |          |                      |             |                         |           |                  |          | Distant          |  |
|   |          |                      |             |                         |           |                  |          | Stations         |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           | -                |          |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
| Total DSEs  |          |                      | 0.00        | Total DSEs              |           |                  | 0.00     |                  |  |
| Gross Receipts First Group \$ 0.0                                   |          |                      |             | Gross Receipts Second   | d Group   | \$               | 0.00     |                  |  |
| Base Rate Fee First Group \$ 0.00                                   |          |                      |             | Base Rate Fee Second    | d Group   | \$               | 0.00     |                  |  |
|   | TY-NINTH | SUBSCRIBER GROUP     |             | ONE HUNDREI             |           |                  |          |                  |  |
| COMMUNITY/ AREA   |          |                      | 0           | COMMUNITY/ AREA         |           |                  |          |                  |  |
| CALL SIGN   | DSE      | CALL SIGN            | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE      |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           |                  | <b>.</b> |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
|   |          |                      |             |                         |           |                  |          |                  |  |
| Total DSEs  | 1        |                      | 0.00        | Total DSEs              |           |                  | 0.00     |                  |  |
| Gross Receipts Third G  | roup     | \$                   | 0.00        | Gross Receipts Fourth   | Group     | \$               | 0.00     |                  |  |
| Base Rate Fee Third G   | \$       | Base Rate Fee Fourth | Group       | \$                      | 0.00      |                  |          |                  |  |
| Base Rate Fee: Add the  |          |                      | riber group | as shown in the boxes a | bove.     |                  |          |                  |  |
| Enter here and in block 3, line 1, space L (page 7)                 |          |                      |             |                         |           |                  |          |                  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006545 |                                    |   |             |                                    |               |                |           |                          |
|--|------------------------------------|---|-------------|------------------------------------|---------------|----------------|-----------|--------------------------|
| BI   |                                    |   |             | TE FEES FOR EACH                   |               |                |           |                          |
|  |                                    | SUBSCRIBER GROU                                   | JP          |                                    |               | SUBSCRIBER GRO | DUP       | 9                        |
| COMMUNITY/ AREA  | NATCH                              | IEZ   |             | COMMUNITY/ AREA                    | VIDALIA       | <u> </u>       |           | Computation              |
| CALL SIGN  | DSE                                | CALL SIGN   | DSE         | CALL SIGN                          | DSE           | CALL SIGN      | DSE       | of                       |
|  |                                    |   |             | WJTV                               | 0.25          |                |           | Base Rate Fee            |
|  |                                    |   |             |                                    |               | _              |           | and                      |
|  |                                    |   |             |                                    |               |                |           | Syndicated               |
|  |                                    |   |             |                                    |               |                |           | Exclusivity<br>Surcharge |
|  |                                    |   |             |                                    |               | -              |           | for                      |
|  |                                    |   |             |                                    |               |                |           | Partially                |
|  |                                    |   |             |                                    |               |                |           | Distant                  |
|  |                                    |   |             |                                    |               |                |           | Stations                 |
|  |                                    |   |             |                                    |               |                |           |                          |
|  |                                    |   |             |                                    |               |                |           |                          |
|  |                                    |   |             |                                    |               |                |           |                          |
|  |                                    |   |             |                                    |               |                |           |                          |
|  |                                    |   |             |                                    |               |                |           |                          |
| Total DSEs   |                                    |   | 0.00        | Total DSEs                         |               |                | 0.25      |                          |
| Gross Receipts First G   | roup                               | <u>\$</u> 490,                                    | 826.00      | Gross Receipts Secon               | nd Group      | \$             | 66,251.00 |                          |
| Base Rate Fee First G  | roup                               | \$  | 0.00        | Base Rate Fee Secor                | nd Group      | \$             | 621.10    |                          |
|  | THIRD                              | SUBSCRIBER GROU                                   | JP          |                                    | FOURTH        | SUBSCRIBER GRO | )UP       |                          |
| COMMUNITY/ AREA  |                                    |   | 0           | COMMUNITY/ AREA                    | 0             |                |           |                          |
| CALL SIGN  | DSE                                | CALL SIGN   | DSE         | CALL SIGN                          | DSE           | CALL SIGN      | DSE       |                          |
|  |                                    |   |             |                                    |               |                |           |                          |
|  |                                    |   |             |                                    |               |                |           |                          |
|  |                                    |   |             |                                    | <b></b>       |                |           |                          |
|  |                                    |   |             |                                    |               |                |           |                          |
|  |                                    |   |             |                                    |               | -              |           |                          |
|  |                                    |   |             |                                    |               |                |           |                          |
|  |                                    |   |             |                                    | <b></b>       |                |           |                          |
|  |                                    |   |             | ]                                  |               | <b>_</b>       |           |                          |
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|  |                                    |   |             |                                    | ···           | -              |           |                          |
|  |                                    |   |             |                                    |               |                |           |                          |
|  |                                    |   |             |                                    |               |                |           |                          |
| Total DSEs   |                                    |   | 0.00        | Total DSEs                         |               |                | 0.00      |                          |
| Gross Receipts Third Group \$ 0.00   |                                    |   | 0.00        | Gross Receipts Fourt               | h Group       | \$             | 0.00      |                          |
| Base Rate Fee Third Group \$ 0.00  |                                    |   |             | Base Rate Fee Fourth Group \$ 0.00 |               |                | 0.00      |                          |
|  |                                    |   |             |                                    |               | ·              |           |                          |
| Base Rate Fee: Add the Enter here and in block                                       | e <b>base ra</b> t<br>3, line 1, s | <b>te fees</b> for each subso<br>space L (page 7) | riber group | as shown in the boxes              | above.        | \$             | 621.10    |                          |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006545 |          |                  |                |                      |            |                  |      |                   |  |
|--|----------|------------------|----------------|----------------------|------------|------------------|------|-------------------|--|
|  | BLOCK A: | COMPUTATION C    | F BASE RA      | ATE FEES FOR EA      | CH SUBSCI  | RIBER GROUP      |      |                   |  |
|  | FIFTH    | I SUBSCRIBER GRO | OUP            |                      | SIXTI      | H SUBSCRIBER GRO | UP   | 0                 |  |
| COMMUNITY/ ARE   | Α        |                  | 0              | COMMUNITY/ ARE       | 0          | 9                |      |                   |  |
| CALL SIGN  | DSE      | CALL SIGN        | DSE            | CALL SIGN            | DSE        | CALL SIGN        | DSE  | Computatior<br>of |  |
|  |          |                  |                |                      |            |                  |      | Base Rate Fe      |  |
|  |          |                  |                |                      |            |                  |      | and               |  |
|  |          |                  |                |                      |            |                  |      | Syndicated        |  |
|  |          |                  |                |                      | ·····      |                  |      | Exclusivity       |  |
|  | ••••••   |                  | ····           | •                    | •••••      |                  |      | Surcharge<br>for  |  |
|  |          |                  |                |                      |            |                  |      | Partially         |  |
|  |          |                  |                |                      |            |                  |      | Distant           |  |
|  |          |                  |                |                      |            |                  |      | Stations          |  |
|  |          |                  |                |                      |            |                  |      |                   |  |
|  | ·····    |                  | <mark></mark>  |                      | ·····      |                  |      |                   |  |
|  | ••••••   |                  |                |                      |            |                  |      |                   |  |
|  |          |                  |                |                      |            |                  |      |                   |  |
|  |          |                  |                |                      |            |                  |      |                   |  |
| Total DSEs   |          |                  | 0.00           | Total DSEs           |            |                  | 0.00 |                   |  |
| Gross Receipts Firs  | st Group | \$               | 0.00           | Gross Receipts Sec   | cond Group | \$               | 0.00 |                   |  |
|  |          |                  |                |                      |            |                  |      |                   |  |
| Base Rate Fee Firs   | st Group | \$               | 0.00           | Base Rate Fee Sec    | cond Group | \$               | 0.00 |                   |  |
|  | SEVENTH  | I SUBSCRIBER GRO | OUP            |                      | EIGHT      | H SUBSCRIBER GRO | UP   |                   |  |
| COMMUNITY/ ARE   | EA       |                  | 0              | COMMUNITY/ ARE       |            |                  |      |                   |  |
| CALL SIGN  | DSE      | CALL SIGN        | DSE            | CALL SIGN            | DSE        | CALL SIGN        | DSE  |                   |  |
|  |          | •                | <mark>.</mark> |                      |            |                  |      |                   |  |
| ļ  |          |                  | ••••           | -                    |            |                  |      |                   |  |
|  |          |                  |                |                      |            |                  |      |                   |  |
|  |          |                  |                |                      |            |                  |      |                   |  |
|  |          |                  |                |                      |            |                  |      |                   |  |
|  |          | •                | <mark>.</mark> |                      |            |                  |      |                   |  |
| <br>   | •••••    |                  | ····           |                      | •••••      |                  |      |                   |  |
|  | ••••••   |                  | ••••           | •                    | •••••      | •                |      |                   |  |
|  |          |                  |                |                      |            |                  |      |                   |  |
|  |          |                  |                |                      |            |                  |      |                   |  |
|  |          |                  |                |                      |            |                  |      |                   |  |
|  | ·····    |                  |                |                      |            |                  |      |                   |  |
| Total DSEs   |          |                  | 0.00           | Total DSEs           |            |                  | 0.00 |                   |  |
| Gross Receipts Thi   | rd Group | \$               | 0.00           | Gross Receipts Fou   | irth Group | \$               | 0.00 |                   |  |
|  |          |                  |                |                      |            | <u>•</u>         |      |                   |  |
| Base Rate Fee Thi  | rd Group | \$               | 0.00           | Base Rate Fee Fou    | urth Group | \$               | 0.00 |                   |  |
| <u> </u>   |          |                  |                | 11                   |            |                  |      |                   |  |
| Base Rate Fee: Ad<br>Enter here and in b   |          |                  | scriber group  | as shown in the boxe | es above.  | \$               |      |                   |  |
|  |          | crace = (page /) |                |                      |            | *                |      |                   |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006545 |                                |                  |               |                      |                              |                  |               |                   |
|--|--------------------------------|------------------|---------------|----------------------|------------------------------|------------------|---------------|-------------------|
|  | BLOCK A:                       | COMPUTATION OF   | BASE R        | ATE FEES FOR EAC     |                              |                  |               |                   |
|  | NINTH                          | SUBSCRIBER GRO   | UP            |                      | TENTH                        | I SUBSCRIBER GRO | UP            | •                 |
| COMMUNITY/ AREA  |                                |                  | 0             | COMMUNITY/ ARE       | 9                            |                  |               |                   |
| CALL SIGN  | Dee                            | CALL SIGN        |               | CALL SIGN            | Dee                          | CALL SIGN        | Dee           | Computatior<br>of |
| CALL SIGN  | DSE                            | CALL SIGN        | DSE           | CALL SIGN            | DSE                          | CALL SIGN        | DSE           | Base Rate Fe      |
|  | ·····                          |                  |               | •                    | ·····                        |                  |               |                   |
|  | ····                           |                  |               | •                    | ••••• <mark>•</mark> •••••   | •                |               | and               |
|  | •••• <mark>•••••</mark> •••••• |                  |               |                      | •••••• <mark>•</mark> •••••• |                  |               | Syndicated        |
|  | ·····                          |                  |               |                      | ·····                        |                  |               | Exclusivity       |
|  | ·····                          |                  |               |                      |                              | •                |               | Surcharge         |
|  | ·····                          |                  |               |                      |                              | •                |               | for               |
|  |                                |                  |               |                      |                              | •                |               | Partially         |
|  |                                |                  |               |                      |                              |                  |               | Distant           |
|  |                                |                  |               |                      |                              |                  |               | 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  | Group                          | \$               | 0.00          | Base Rate Fee Sec    | ond Group                    | \$               | 0.00          |                   |
|  | ELEVENTH                       | SUBSCRIBER GRO   | UP            |                      | TWELVTH                      | SUBSCRIBER GRO   | UP            |                   |
| COMMUNITY/ AREA  |                                |                  | 0             | COMMUNITY/ ARE       | 0                            |                  |               |                   |
| CALL SIGN  | DSE                            | CALL SIGN        | DSE           | CALL SIGN            | DSE                          | CALL SIGN        | DSE           |                   |
|  | ·····                          |                  |               |                      | ·····                        |                  |               |                   |
|  |                                |                  | <mark></mark> |                      | ·····                        |                  |               |                   |
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|  | ·····                          |                  |               |                      |                              | •                |               |                   |
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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          |                   |
|  |                                |                  |               | 11                   |                              |                  |               |                   |
|  |                                |                  | criber group  | as shown in the boxe | es above.                    |                  |               |                   |
| Enter here and in blo  | ck 3, line 1,                  | space L (page 7) |               |                      |                              | \$               |               |                   |
|  |                                |                  |               |                      |                              |                  |               |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006545 |         |                 |            |                      |            |                              |      |                     |  |
|--|---------|-----------------|------------|----------------------|------------|------------------------------|------|---------------------|--|
|  |         |                 |            | TE FEES FOR EAG      |            | IBER GROUP<br>SUBSCRIBER GRO |      |                     |  |
| THIF<br>COMMUNITY/ AREA  | RTEENTH | SUBSCRIBER GROU | JP<br>0    | FOCOMMUNITY/ ARE     | UP<br>0    | 9                            |      |                     |  |
|  |         |                 |            |                      |            | Computation                  |      |                     |  |
| CALL SIGN  | DSE     | CALL SIGN       | DSE        | CALL SIGN            | DSE        | CALL SIGN                    | DSE  | of<br>Base Rate Fee |  |
|  |         |                 |            |                      |            |                              |      | and                 |  |
|  |         |                 |            |                      |            |                              |      | Syndicated          |  |
|  | ··      |                 |            |                      |            |                              |      | Exclusivity         |  |
|  |         |                 |            |                      |            |                              |      | Surcharge<br>for    |  |
|  |         |                 |            |                      |            |                              |      | Partially           |  |
|  |         |                 |            |                      |            |                              |      | Distant             |  |
|  | ··      |                 |            |                      | •••••      |                              |      | Stations            |  |
|  |         |                 |            |                      |            |                              |      |                     |  |
|  |         | _               |            |                      |            | -                            |      |                     |  |
|  |         |                 |            |                      |            |                              |      |                     |  |
|  | ··      |                 |            |                      | •••••      |                              |      |                     |  |
| Total DSEs   | Įļ      |                 | 0.00       | Total DSEs           |            | ļ.                           | 0.00 |                     |  |
| Gross Receipts First G   | roup    | \$              | 0.00       | Gross Receipts Sec   | ond Group  | \$                           | 0.00 |                     |  |
|  | loup    |                 |            |                      |            | •                            |      |                     |  |
| Base Rate Fee First G  | roup    | \$              | 0.00       | Base Rate Fee Sec    | ond Group  | \$                           | 0.00 |                     |  |
|  | FTEENTH | SUBSCRIBER GROU |            |                      |            | 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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|  |         |                 |            |                      | ····       |                              | ···· |                     |  |
|  |         |                 |            |                      |            |                              |      |                     |  |
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|  |         |                 |            |                      | •••••      |                              | ···· |                     |  |
|  |         |                 |            |                      |            |                              |      |                     |  |
|  |         |                 |            |                      |            |                              |      |                     |  |
|  |         |                 |            |                      |            |                              |      |                     |  |
| Total DSEs   |         |                 | 0.00       | Total DSEs           |            |                              | 0.00 |                     |  |
|  |         | •               | 0.00       |                      | irth Croup | •                            | 0.00 |                     |  |
| Gross Receipts Third G   | οιοαρ   | \$              | 0.00       | Gross Receipts Fou   | aar Group  | \$                           | 0.00 |                     |  |
| Base Rate Fee Third G  | Group   | \$              | 0.00       | Base Rate Fee Fou    | rth Group  | \$                           | 0.00 |                     |  |
| Deee Dete Free Addu  |         |                 |            |                      | a abay-    |                              |      |                     |  |
| Base Rate Fee: Add th<br>Enter here and in block                                     |         |                 | nder group | as snown in the boxe | es adove.  | \$                           |      |                     |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006545 |              |                                   |             |                      |                  |                              |               |                   |  |
|--|--------------|-----------------------------------|-------------|----------------------|------------------|------------------------------|---------------|-------------------|--|
|  |              | COMPUTATION OF<br>SUBSCRIBER GROU |             |                      |                  | IBER GROUP<br>SUBSCRIBER GRO | LIP           |                   |  |
| COMMUNITY/ AREA  |              | SUBSCRIBER GROU                   | 0           | COMMUNITY/ ARE       | 9<br>Computation |                              |               |                   |  |
| CALL SIGN  | DSE          | CALL SIGN                         | DSE         | CALL SIGN            | DSE              | Computation<br>of            |               |                   |  |
|  |              |                                   |             |                      |                  | CALL SIGN                    |               | Base Rate Fee     |  |
|  |              |                                   |             |                      |                  |                              |               | and<br>Syndicated |  |
|  |              |                                   |             |                      |                  |                              |               | Exclusivity       |  |
|  |              |                                   |             |                      |                  |                              |               | Surcharge         |  |
|  |              |                                   |             |                      |                  |                              |               | for<br>Partially  |  |
|  |              |                                   |             |                      |                  |                              |               | Distant           |  |
|  |              |                                   |             |                      |                  |                              |               | Stations          |  |
|  |              |                                   |             |                      |                  |                              |               |                   |  |
|  |              |                                   |             |                      |                  | -                            |               |                   |  |
|  |              |                                   |             |                      |                  |                              | <mark></mark> |                   |  |
|  |              |                                   |             |                      |                  |                              |               |                   |  |
| 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    | ond Group        | \$                           | 0.00          |                   |  |
| NIN  | ITEENTH      | SUBSCRIBER GROU                   | JP          |                      | TWENTIETH        | SUBSCRIBER GRO               | UP            |                   |  |
| 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 G                                 | roup         | \$                                | 0.00        | Gross Receipts Fou   | irth Group       | \$                           | 0.00          |                   |  |
| Base Rate Fee Third G                                  | roup         | \$                                | 0.00        | Base Rate Fee Fou    | rth Group        | \$                           | 0.00          |                   |  |
| Base Rate Fee: Add th                                  | e base rat   | e fees for each subsc             | riber group | as shown in the boxe | es above.        | ¢                            |               |                   |  |
| Enter here and in block                                | 5, inte 1, 9 | space L (page /)                  |             |                      |                  | \$                           |               |                   |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006545 |               |                |              |                      |            |                |       | Name             |
|---|---------------|----------------|--------------|----------------------|------------|----------------|-------|------------------|
| E   | BLOCK A: (    |                | BASE RA      | ATE FEES FOR EAG     |            |                |       |                  |
|   |               | SUBSCRIBER GRO |              |                      |            | SUBSCRIBER GRO | UP    | •                |
| COMMUNITY/ AREA   |               |                | 0            | COMMUNITY/ ARE       | 9          |                |       |                  |
|   |               |                |              |                      |            |                |       | Computatio       |
| CALL SIGN   | DSE           | CALL SIGN      | DSE          | CALL SIGN            | DSE        | CALL SIGN      | DSE   | of               |
|   |               |                |              | -                    |            |                |       | Base Rate F      |
|   |               | -              |              |                      |            |                | ····· | and              |
|   | <mark></mark> |                |              |                      |            | •              | ····· | Syndicated       |
|   | ····          |                |              |                      |            | •              | ····· | Exclusivity      |
|   |               |                |              | •                    |            | •              | ····· | Surcharge<br>for |
|   |               |                |              | •                    | ••••••     |                | ····· | Partially        |
|   |               | -              |              | •                    |            |                | ••••• | Distant          |
|   |               | -              |              | •                    |            | •              | ••••• | Stations         |
|   |               | -              |              | •                    |            | •              |       | otations         |
|   |               |                |              |                      |            |                | ····· |                  |
|   |               |                | <b>.</b>     |                      |            | •              |       |                  |
|   |               |                |              |                      |            |                |       |                  |
|   |               |                | 1            |                      |            |                |       |                  |
|   |               |                | 1            |                      |            |                |       |                  |
| 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  |                  |
| TWEN  | ITY-THIRD     | SUBSCRIBER GRO | UP           | TWEN                 | NTY-FOURTH | SUBSCRIBER GRO | UP    |                  |
| COMMUNITY/ AREA   |               |                | 0            | COMMUNITY/ ARE       | 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   | urth Group | \$             | 0.00  |                  |
|   |               | ·              |              |                      |            | - <u>+</u>     |       |                  |
| Base Rate Fee Third   | Group         | ¢              | 0.00         | Base Rate Fee Fou    | irth Group | \$             | 0.00  |                  |
| Sade nate i de milu   | Joup          | \$             | 0.00         |                      |            | <u>Ψ</u>       | 0.00  |                  |
|   |               |                |              |                      |            |                |       |                  |
| Base Rate Fee: Add t<br>Enter here and in bloc                      |               |                | criber group | as shown in the boxe | es above.  | \$             |       |                  |
|   | , - ,         |                |              |                      |            |                |       |                  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006545 |                 |                 |              |                      |            |                              |               |                     |
|--|-----------------|-----------------|--------------|----------------------|------------|------------------------------|---------------|---------------------|
|  |                 |                 |              | TE FEES FOR EAG      |            | IBER GROUP<br>SUBSCRIBER GRO |               |                     |
| TWEN<br>COMMUNITY/ AREA  | ITY-FIFTH       | SUBSCRIBER GROU | JP<br>0      | TW<br>COMMUNITY/ ARE | 9          |                              |               |                     |
|  |                 |                 |              |                      |            | Computation                  |               |                     |
| CALL SIGN  | DSE             | CALL SIGN       | DSE          | CALL SIGN            | DSE        | CALL SIGN                    | DSE           | of<br>Base Rate Fee |
|  |                 |                 |              |                      |            |                              |               | and                 |
|  |                 |                 |              |                      |            |                              |               | Syndicated          |
|  |                 |                 |              |                      |            |                              |               | Exclusivity         |
|  |                 |                 |              |                      | •••••      | •                            |               | Surcharge<br>for    |
|  |                 |                 |              |                      |            |                              |               | Partially           |
|  | <mark>.</mark>  |                 |              |                      |            |                              |               | Distant             |
|  | <mark></mark>   |                 |              |                      |            |                              |               | Stations            |
|  |                 |                 |              |                      |            |                              |               |                     |
|  |                 | +               |              |                      |            |                              |               |                     |
|  | <mark></mark>   |                 |              |                      |            |                              |               |                     |
|  | <mark></mark>   |                 |              |                      |            |                              |               |                     |
| Total DSEs   |                 | <u>II</u>       | 0.00         | Total DSEs           |            | 11                           | 0.00          |                     |
| Gross Receipts First G   | roup            | \$              | 0.00         | Gross Receipts Sec   | ond Group  | \$                           | 0.00          |                     |
|  | •               | - <u>·</u>      |              |                      | •          | ·                            |               |                     |
| Base Rate Fee First G  | iroup           | \$              | 0.00         | Base Rate Fee Sec    | ond Group  | \$                           | 0.00          |                     |
|  | SEVENTH         | SUBSCRIBER GROU |              | 11                   |            | 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>   |                 | ·            |                      |            |                              |               |                     |
|  |                 |                 |              |                      |            |                              |               |                     |
|  |                 |                 |              |                      |            |                              |               |                     |
|  |                 |                 |              |                      |            |                              |               |                     |
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|  | <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 th  |                 |                 | criber group | as shown in the boxe | es above.  | 6                            |               |                     |
| Enter here and in block  | x 3, iiile 1, 9 | space L (page / |              |                      |            | \$                           |               |                     |

|                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006545 |                                   |             |                      |                         |                              |        |                   |  |  |
|-----------------------|--|-----------------------------------|-------------|----------------------|-------------------------|------------------------------|--------|-------------------|--|--|
|                       |  | COMPUTATION OF<br>SUBSCRIBER GROU |             | TE FEES FOR EA       |                         | IBER GROUP<br>SUBSCRIBER GRO |        |                   |  |  |
| COMMUNITY/ AREA       |  |                                   | 0<br>0      | COMMUNITY/ ARE       | <b>9</b><br>Computation |                              |        |                   |  |  |
| 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   |  | \$                                | 0.00        | Base Rate Fee Sec    |                         | \$                           | 0.00   |                   |  |  |
|                       |  | SUBSCRIBER GROU                   | JP<br>0     | 11                   |                         | SUBSCRIBER GRO               | 0<br>0 |                   |  |  |
| COMMUNITY/ AREA       |  |                                   | U           | COMMUNITY/ ARE       | <u> </u>                |                              |        |                   |  |  |
| 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   | urth Group              | \$                           | 0.00   |                   |  |  |
|                       |  |                                   |             |                      |                         |                              |        |                   |  |  |
| Base Rate Fee Third   | Group  | \$                                | 0.00        | Base Rate Fee Fou    | urth Group              | \$                           | 0.00   |                   |  |  |
|                       |  |                                   |             |                      |                         |                              |        |                   |  |  |
| Base Rate Fee: Add    |  |                                   | riber group | as shown in the boxe | es above.               | ¢                            |        |                   |  |  |
| Enter here and in blo | ск з, IINE 1, 9  | space L (page 7)                  |             |                      |                         | φ                            |        |                   |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006545 |   |                  |             |                      |             |                  |       |                   |
|--|---|------------------|-------------|----------------------|-------------|------------------|-------|-------------------|
| B  | LOCK A: (                               | COMPUTATION OF   | BASE RA     | TE FEES FOR EAG      | CH SUBSCR   | RIBER GROUP      |       |                   |
|  |   | SUBSCRIBER GROU  |             |                      |             | I SUBSCRIBER GRO | UP    | •                 |
| COMMUNITY/ AREA  |   |                  | 0           | COMMUNITY/ ARE       | 0           | 9<br>Computation |       |                   |
| 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         |
|  |   |                  |             |                      |             |                  |       | Distant           |
|  |   |                  |             |                      |             |                  |       | Stations          |
|  |   |                  |             |                      |             |                  |       |                   |
|  |   |                  |             |                      |             |                  |       |                   |
|  |   |                  |             |                      |             |                  |       |                   |
|  |   |                  |             |                      |             |                  |       |                   |
|  |   |                  |             |                      |             |                  |       |                   |
|  |   |                  |             |                      |             |                  |       |                   |
| 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  | roup                                    | \$               | 0.00        | Base Rate Fee Sec    | ond Group   | \$               | 0.00  |                   |
| THIR   | TY-FIFTH                                | SUBSCRIBER GROU  | JP          | TI                   | HIRTY-SIXTH | I SUBSCRIBER GRO | UP    |                   |
| COMMUNITY/ AREA  |   |                  | 0           | COMMUNITY/ ARE       | 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 0   | Group                                   | \$               | 0.00        | Gross Receipts Fou   | rth Group   | \$               | 0.00  |                   |
|  | Joup                                    | *                | 5.00        |                      |             | <u>*</u>         | 0.00  |                   |
| Base Rate Fee Third C  | 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 7) |             |                      |             | \$               |       |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006545 |   |                  |              |                      |               |                  |       |               |
|--|---|------------------|--------------|----------------------|---------------|------------------|-------|---------------|
| B  | LOCK A: (                               | COMPUTATION OF   | BASE RA      | TE FEES FOR EAG      |               | IBER GROUP       |       |               |
|  |   | SUBSCRIBER GROU  |              |                      |               | SUBSCRIBER GRO   | UP    | •             |
| COMMUNITY/ AREA  |   |                  | 0            | COMMUNITY/ ARE       | 0             | 9<br>Computation |       |               |
| CALL SIGN  | DSE                                     | CALL SIGN        | DSE          | CALL SIGN            | DSE           | CALL SIGN        | DSE   | of            |
| CALL SIGN  | DGE                                     | CALL SIGN        | DSE          | CALL SIGN            | DSE           | CALL SIGN        | DSE   | Base Rate Fee |
|  | ••••••••••••••••••••••••••••••••••••••• |                  |              |                      |               |                  |       | and           |
|  | ··                                      | -                |              |                      |               | •                |       | Syndicated    |
|  | ••••••••••••••••••••••••••••••••••••••• | -                |              |                      |               | •                |       | Exclusivity   |
|  |   |                  | ·            |                      |               | ++               |       | Surcharge     |
|  | ••••••••••••••••••••••••••••••••••••••• |                  |              |                      | •••••         | ++               |       | for           |
|  |   | -                |              |                      |               | •                |       | Partially     |
|  |   | -                |              |                      |               | ++               |       | Distant       |
|  |   | -                |              |                      |               | •                |       | Stations      |
|  |   | -                |              |                      |               | •                |       | otationo      |
|  | ·                                       |                  | 1            |                      |               | +                |       |               |
|  | ·                                       |                  | <b>.</b>     |                      |               | +                | ····· |               |
|  | ··                                      |                  | <b>.</b>     |                      |               | +                |       |               |
|  | ·                                       | •                | <b>.</b>     |                      |               | 11               |       |               |
|  |   |                  |              |                      |               | •                |       |               |
| Total DSEs   | ļ                                       | <u> </u>         | 0.00         | Total DSEs           |               | 11               | 0.00  |               |
| Gross Receipts First G   | iroup                                   | \$               | 0.00         | Gross Receipts Sec   | cond Group    | \$               | 0.00  |               |
|  |   | . <u>.</u>       |              |                      | p             |                  |       |               |
| Base Rate Fee First G  |   | \$               | 0.00         | Base Rate Fee Sec    |               | \$               | 0.00  |               |
| THIR   | TY-NINTH                                | SUBSCRIBER GROU  | JP           |                      | FORTIETH      | SUBSCRIBER GRO   | UP    |               |
| COMMUNITY/ AREA  |   |                  | 0            | COMMUNITY/ ARE       | 0             |                  |       |               |
| CALL SIGN  | DSE                                     | CALL SIGN        | DSE          | CALL SIGN            | DSE           | CALL SIGN        | DSE   |               |
|  |   |                  |              |                      |               |                  |       |               |
|  |   |                  |              |                      |               |                  |       |               |
|  |   |                  |              |                      | <mark></mark> |                  |       |               |
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|  | ··                                      |                  |              |                      | •••••         | ++               | ····· |               |
| Total DSEs   | 1                                       |                  | 0.00         | Total DSEs           |               |                  | 0.00  |               |
|  |   |                  |              |                      |               |                  |       |               |
| Gross Receipts Third C   | 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  | κ 3, line 1, s                          | space L (page /) |              |                      |               | \$               |       |               |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006545 |            |                 |              |                      |                                 |                  |       |                     |  |  |
|---|------------|-----------------|--------------|----------------------|---------------------------------|------------------|-------|---------------------|--|--|
|   | 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<br>Computation    |  |  |
|   | 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 Group \$ 0.00                                   |            |                 | 0.00         | Base Rate Fee Sec    | cond Group                      | \$               | 0.00  |                     |  |  |
| FO  | RTY-THIRD  | SUBSCRIBER GRO  | UP           | FOF                  | RTY-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> •••••• |                  | ••••• |                     |  |  |
|   |            |                 |              |                      |                                 |                  |       |                     |  |  |
|   |            | -               |              |                      |                                 |                  |       |                     |  |  |
|   |            |                 | <b>.</b>     |                      |                                 |                  | ····  |                     |  |  |
|   |            |                 |              |                      |                                 |                  |       |                     |  |  |
|   |            |                 |              |                      |                                 |                  |       |                     |  |  |
|   |            |                 |              |                      |                                 |                  |       |                     |  |  |
|   |            |                 |              |                      |                                 |                  |       |                     |  |  |
| Total DSEs  |            |                 | 0.00         | Total DSEs           |                                 |                  | 0.00  |                     |  |  |
| Gross Receipts Third  | Group      | \$              | 0.00         | Gross Receipts Fou   | irth Group                      | \$               | 0.00  |                     |  |  |
|   | 2.000      | <u>.</u>        |              |                      |                                 | _ <del>_</del>   |       |                     |  |  |
| Base Rate Fee Third Group \$ 0.00                                   |            |                 | 0.00         | Base Rate Fee Fou    | irth Group                      | \$               | 0.00  |                     |  |  |
| Base Rate Fee: Add<br>Enter here and in blo                         |            |                 | criber group | as shown in the boxe | es above.                       | \$               |       |                     |  |  |
|   |            | cpace = (page / |              |                      |                                 | *                |       |                     |  |  |

| LEGAL NAME OF OWN<br>CABLE ONE, INC       |  | E SYSTEM:                                 |              |                      |                                     | S              | 6YSTEM ID#<br>006545 | Name                      |
|---|--|---|--------------|----------------------|-------------------------------------|----------------|----------------------|---------------------------|
|   |  |   |              | TE FEES FOR EA       |                                     |                |                      |                           |
|   |  | SUBSCRIBER GROU                           |              | 11                   |                                     | SUBSCRIBER GRO |                      | 9                         |
| COMMUNITY/ AREA                           |  |   | 0            | COMMUNITY/ ARE       | 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       |
|   |  |   |              |                      |                                     |                |                      | oluliono                  |
|   |  |   |              |                      |                                     |                |                      |                           |
|   | ····                                   |   |              |                      |                                     |                |                      |                           |
|   |  |   |              |                      |                                     |                |                      |                           |
|   |  |   |              |                      |                                     |                |                      |                           |
| Total DSEs                                |  |   | 0.00         | Total DSEs           |                                     |                | 0.00                 |                           |
| Gross Receipts First Group \$ 0.00        |  |   | 0.00         | Gross Receipts Sec   | Gross Receipts Second Group \$ 0.00 |                |                      |                           |
|   |  |   |              |                      |                                     |                |                      |                           |
| Base Rate Fee First (                     | -                                      | \$  | 0.00         | Base Rate Fee Sec    |                                     | \$             | 0.00                 |                           |
|   |  | 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   | urth Group                          | \$             | 0.00                 |                           |
|   |  |   |              |                      |                                     |                |                      |                           |
| Base Rate Fee Third                       | Group                                  | \$  | 0.00         | Base Rate Fee Fou    | urth Group                          | \$             | 0.00                 |                           |
|   |  |   |              |                      |                                     |                |                      |                           |
| Base Rate Fee: Add Enter here and in bloc | the <b>base rat</b><br>ck 3, line 1, s | e fees for each subso<br>space L (page 7) | criber group | as shown in the boxe | es above.                           | \$             |                      |                           |
|   | , ,                                    |   |              |                      |                                     |                |                      |                           |

| LEGAL NAME OF OV<br>CABLE ONE, IN         |   | LE SYSTEM:                                |               |                           |            | s              | O06545 | Name                      |
|---|---|---|---------------|---------------------------|------------|----------------|--------|---------------------------|
|   |   |   |               | ATE FEES FOR EA           |            |                |        |                           |
|   |   | SUBSCRIBER GRO                            |               |                           |            |                |        | 9                         |
| COMMUNITY/ ARE                            | A                                       |   | 0             | COMMUNITY/ ARE            | 0          | Computation    |        |                           |
| CALL SIGN                                 | DSE                                     | CALL SIGN                                 | DSE           | CALL SIGN                 | DSE        | CALL SIGN      | DSE    | of                        |
|   |   |   |               |                           |            |                |        | Base Rate Fee             |
|   |   |   |               |                           | ·····      |                | ·····  | and<br>Sumdianted         |
|   |   |   |               |                           |            |                |        | Syndicated<br>Exclusivity |
|   |   |   |               |                           |            |                |        | Surcharge                 |
|   |   |   |               |                           |            |                |        | for                       |
|   |   |   |               |                           | ·····      |                |        | Partially<br>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 Firs                        | -                                       | \$  | 0.00          | Base Rate Fee Sec         |            | \$             | 0.00   |                           |
|   |   | SUBSCRIBER GRO                            |               | 11                        |            | SUBSCRIBER GRO |        |                           |
| COMMUNITY/ ARE                            | A                                       |   | 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 Thir                       | rd Group                                | \$  | 0.00          | Gross Receipts For        | urth Group | \$             | 0.00   |                           |
| Base Rate Fee Thir                        | d Group                                 | \$  | 0.00          | Base Rate Fee Fou         | urth Group | \$             | 0.00   |                           |
|   |   | L <u>*</u>                                | 0.00          |                           |            | l <u>*</u>     | 0.00   |                           |
|   | -1.41 1                                 | 4- <b>6</b> 6 1                           |               | and the same to the state |            | <b></b>        |        |                           |
| Base Rate Fee: Ad<br>Enter here and in bl | a the <b>base ra</b><br>lock 3, line 1, | te tees for each subs<br>space L (page 7) | scriber group | as shown in the boxe      | es above.  | \$             |        |                           |
| 1   |   |   |               |                           |            |                |        |                           |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.          |          | LE SYSTEM:      |                   |                                     |           | S              | OVSTEM ID#<br>006545 | Name                 |
|--|----------|-----------------|-------------------|-------------------------------------|-----------|----------------|----------------------|----------------------|
|  |          |                 |                   | TE FEES FOR EAG                     |           |                |                      |                      |
| FIF <sup>-</sup><br>COMMUNITY/ AREA            | TY-THIRD | SUBSCRIBER GROL | JP<br>0           | FIF<br>COMMUNITY/ ARE               |           | SUBSCRIBER GRO | UP<br>0              | 9                    |
| COMMUNITY AREA                                 |          |                 | U                 | COMMUNITY ARE                       | A         |                | 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 Group \$ 0.00             |          |                 |                   | Gross Receipts Second Group \$ 0.00 |           |                |                      |                      |
|  |          |                 |                   |                                     |           |                |                      |                      |
| Base Rate Fee First Group \$ 0.00              |          |                 |                   | Base Rate Fee Sec                   | ond Group | \$             | 0.00                 |                      |
|  | TY-FIFTH | SUBSCRIBER GROU |                   | 11                                  |           | SUBSCRIBER GRO | -                    |                      |
| 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 G                         | 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 |          |                 | riber group       | as shown in the boxe                | es above. | \$             |                      |                      |
|  |          |                 |                   |                                     |           |                |                      |                      |

| LEGAL NAME OF OWN                           |                                    | E SYSTEM:             |              |                      |                   | S              | 6YSTEM ID#<br>006545 | Name              |  |
|---|------------------------------------|-----------------------|--------------|----------------------|-------------------|----------------|----------------------|-------------------|--|
|   |                                    |                       |              | TE FEES FOR EA       |                   |                |                      |                   |  |
|   |                                    | SUBSCRIBER GRO        |              | 11                   |                   | SUBSCRIBER GRO |                      | 9                 |  |
| COMMUNITY/ AREA                             |                                    |                       | 0            | COMMUNITY/ ARE       | COMMUNITY/ AREA 0 |                |                      |                   |  |
| CALL SIGN                                   | DSE                                | CALL SIGN             | DSE          | CALL SIGN            | DSE               | CALL SIGN      | DSE                  | Computation<br>of |  |
|   |                                    |                       |              |                      |                   |                |                      | Base Rate Fee     |  |
|   |                                    |                       |              |                      |                   |                |                      | and               |  |
|   |                                    |                       |              |                      |                   |                |                      | Syndicated        |  |
|   |                                    |                       |              |                      |                   |                |                      | Exclusivity       |  |
|   |                                    |                       |              |                      |                   |                |                      | Surcharge<br>for  |  |
|   |                                    |                       |              |                      |                   |                |                      | Partially         |  |
|   |                                    |                       |              |                      |                   |                |                      | Distant           |  |
|   |                                    |                       |              |                      |                   |                |                      | Stations          |  |
|   | ····                               |                       |              |                      |                   |                |                      |                   |  |
|   |                                    |                       |              |                      |                   |                |                      |                   |  |
|   |                                    |                       |              |                      |                   |                |                      |                   |  |
|   |                                    |                       |              | ]                    |                   |                |                      |                   |  |
|   |                                    |                       |              |                      |                   |                |                      |                   |  |
| Total DSEs                                  |                                    |                       | 0.00         | Total DSEs           |                   |                | 0.00                 |                   |  |
| Gross Receipts First                        | 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                 |                   |  |
| FI  | FTY-NINTH                          | SUBSCRIBER GRO        | UP           |                      | SIXTIETH          | SUBSCRIBER GRO | UP                   |                   |  |
| COMMUNITY/ AREA                             |                                    |                       | 0            | COMMUNITY/ ARE       | Α                 |                | 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   | urth Group        | \$             | 0.00                 |                   |  |
| Base Rate Fee Third                         | 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 subso | criber group | as shown in the boxe | es above.         | \$             |                      |                   |  |
| Linter nere and in DIO                      |                                    | phane r (hade 1)      |              |                      |                   | <del>ل</del> ې |                      |                   |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006545 |                       |                      |               |                      |            |                |      |                           |  |
|--|-----------------------|----------------------|---------------|----------------------|------------|----------------|------|---------------------------|--|
|  |                       |                      |               | TE FEES FOR EA       | CH SUBSCR  | IBER GROUP     |      |                           |  |
|  |                       | SUBSCRIBER GRO       |               | 11                   |            | SUBSCRIBER GRC |      | 9                         |  |
| COMMUNITY/ ARE   | A                     |                      | 0             | COMMUNITY/ ARE       | 0          | Computation    |      |                           |  |
| CALL SIGN  | DSE                   | CALL SIGN            | DSE           | CALL SIGN            | DSE        | CALL SIGN      | DSE  | of                        |  |
|  |                       |                      |               |                      |            |                |      | Base Rate Fee             |  |
|  | ·····                 |                      |               |                      |            |                |      | and<br>Sumdianted         |  |
|  |                       |                      |               |                      | ·····      |                |      | Syndicated<br>Exclusivity |  |
|  |                       |                      |               |                      |            |                |      | Surcharge                 |  |
|  |                       |                      |               |                      |            |                |      | for                       |  |
|  | •••••                 |                      |               |                      | •••••      |                |      | Partially<br>Distant      |  |
|  |                       |                      |               |                      |            |                |      | Stations                  |  |
|  |                       |                      |               |                      |            |                |      |                           |  |
|  | ·····                 |                      |               |                      | ·····      |                |      |                           |  |
|  | ·····                 |                      | <b></b>       |                      |            |                |      |                           |  |
|  |                       |                      |               |                      |            |                |      |                           |  |
|  |                       |                      |               |                      |            |                |      |                           |  |
| 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  | t Group               | \$                   | 0.00          | Base Rate Fee Sec    | cond Group | \$             | 0.00 |                           |  |
| S  | SIXTY-THIRD           | SUBSCRIBER GRO       | UP            | SI                   | XTY-FOURTH | SUBSCRIBER GRC | UP   |                           |  |
| COMMUNITY/ ARE   | Α                     |                      | 0             | COMMUNITY/ ARE       | ΞΑ         |                | 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 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 <b>base rat</b> | e fees for each subs | criber group  | as shown in the boxe | es above.  | ¢              |      |                           |  |
| Enter here and in blo  |                       | phace r (hade 1)     |               |                      |            | φ              |      |                           |  |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |                  | LE SYSTEM:            |              |                      |                   | S              | OVSTEM ID#<br>006545 | Name              |  |
|---------------------------------------|------------------|-----------------------|--------------|----------------------|-------------------|----------------|----------------------|-------------------|--|
|                                       |                  |                       |              | TE FEES FOR EAG      |                   |                |                      |                   |  |
| COMMUNITY/ AREA                       | <u>  Y-FIFIH</u> | SUBSCRIBER GRO        | UP<br>0      | 11                   | COMMUNITY/ AREA 0 |                |                      |                   |  |
| 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 Group \$ 0.00    |                  |                       |              | Gross Receipts Sec   | cond Group        | \$             | 0.00                 |                   |  |
|                                       |                  |                       |              |                      |                   |                |                      |                   |  |
| Base Rate Fee First G                 | roup             | \$                    | 0.00         | Base Rate Fee Sec    | cond Group        | \$             | 0.00                 |                   |  |
|                                       | SEVENTH          | SUBSCRIBER GRO        |              | 1                    |                   | SUBSCRIBER GRO |                      |                   |  |
| 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 G                | Group            | \$                    | 0.00         | Gross Receipts Fou   | irth Group        | \$             | 0.00                 |                   |  |
|                                       |                  |                       |              |                      |                   |                | ]                    |                   |  |
| Base Rate Fee Third Group \$ 0.00     |                  |                       |              | Base Rate Fee Fou    | irth Group        | \$             | 0.00                 |                   |  |
|                                       |                  |                       |              |                      |                   |                |                      |                   |  |
| Base Rate Fee: Add th                 | e base ra        | te fees for each subs | criber group | as shown in the boxe | es above.         |                |                      |                   |  |
| Enter here and in block               | 3, line 1,       | space L (page 7)      |              |                      |                   | \$             |                      |                   |  |

| CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       Base F         a       a       a       a       a       a       b       a       b       a       b       a       b       b       a       b       a       b       a       b       b       a       b       b       a       b       b       a       b       b       a       b       b       b       b       b       a       b       b       b       b       b       b       b       a       b   | LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CAB           | LE SYSTEM:  | -            |                       |           | S              | 6YSTEM ID#<br>006545 | Name              |  |
|--|---------------------------------------|--------------------|---|--------------|-----------------------|-----------|----------------|----------------------|-------------------|--|
| COMMUNITY/AREA       0       COMMUNITY/AREA       0       Comp         CALL SIGN       DSE       Sign Symp         Comp  |                                       |                    |   |              |                       |           |                |                      |                   |  |
| CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         State for a  |                                       |                    | SUBSCRIBER GRO                                    |              | 1                     |           |                |                      |                   |  |
| and and a set of the set  | CALL SIGN                             | DSE                | CALL SIGN   | DSE          | CALL SIGN             | DSE       | CALL SIGN      | DSE                  | Computation<br>of |  |
| Synd<br>Base<br>Control DSEs<br>Control DSE<br>Control DSE<br>Contr |                                       |                    |   |              |                       |           |                |                      | Base Rate Fee     |  |
| Image: Second Group   |                                       |                    |   |              |                       | ••••      |                |                      | and<br>Syndicated |  |
| Total DSEs       0.00       Total DSEs       0.00       Seventy-First Group       0.00         Gross Receipts First Group       \$0.00       Gross Receipts Second Group       \$0.00         Star       0.00       Gross Receipts Second Group       \$0.00         Star       0.00       Base Rate Fee Second Group       \$0.00         Star       0.00       Base Rate Fee Second Group       \$0.00         Star       0.00       Base Rate Fee Second Group       \$0.00         Star       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         Cold DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Cold DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Cold DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE   |                                       |                    |   |              |                       |           |                |                      | Exclusivity       |  |
| And Andrew State  |                                       |                    |   |              |                       |           |                |                      | Surcharge         |  |
| Sta         Total DSEs       0.00         Gross Receipts First Group       \$         Sta       0.00         Base Rate Fee First Group       \$         Sta       0.00         Base Rate Fee First Group       \$         CALL SIGN       DSE         COMMUNITY/ AREA       O  |                                       |                    |   |              |                       | ••••      | •              |                      | for<br>Partially  |  |
| Total DSEs       0.00         Gross Receipts First Group       \$         Seventry-First Subscriber GROUP       Seventry-Second Group         Coll Sign       DSE         CALL SIGN       DSE         Condo       Gross Receipts Fourth Group  |                                       |                    |   |              |                       |           |                |                      | Distant           |  |
| 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         SEVENTY-FIRST SUBSCRIBER GROUP       SEVENTY-SECOND SUBSCRIBER GROUP       SEVENTY-SECOND SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       COMMUNITY/ AREA       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         Community       A       A       A       A       A       A       A       A         Community       A       A       A       A       A       A       A       A       A       A </td <td></td> <td></td> <td></td> <td></td> <td> </td> <td>····</td> <td></td> <td></td> <td>Stations</td>   |                                       |                    |   |              |                       | ····      |                |                      | Stations          |  |
| 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         SEVENTY-FIRST SUBSCRIBER GROUP       SEVENTY-SECOND SUBSCRIBER GROUP       SEVENTY-SECOND SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       COMMUNITY/ AREA       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         Community       A       A       A       A       A       A       A       A         Community       A       A       A       A       A       A       A       A       A       A </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         SEVENTY-FIRST SUBSCRIBER GROUP       SEVENTY-SECOND SUBSCRIBER GROUP       SEVENTY-SECOND SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       COMMUNITY/ AREA       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         Community       A       A       A       A       A       A       A       A         Community       A       A       A       A       A       A       A       A       A       A </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         SEVENTY-FIRST SUBSCRIBER GROUP       SEVENTY-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       CALL SIGN       DSE         Total DSEs       0.00       Gross Receipts Fourth Group       \$       0.00       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       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         SEVENTY-FIRST SUBSCRIBER GROUP       SEVENTY-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       CALL SIGN       DSE         Total DSEs       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 First Group       §       0.00         SEVENTY-FIRST SUBSCRIBER GROUP       SEVENTY-SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE         COMMUNITY/ AREA       O         COMON       GO         COMON       GO         CONON       GO      <  | Total DSEs                            |                    |   | 0.00         | Total DSEs            |           |                | 0.00                 |                   |  |
| SEVENTY-FIRST SUBSCRIBER GROUP       SEVENTY-SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE         COMMUNITY/ AREA       O         COM       Gross Receipts Fourth Group         Society       O.00         Base Rate Fee Third Group       S         Society       O.00   | Gross Receipts First Group \$ 0.00    |                    |   | 0.00         | Gross Receipts Seco   | ond Group | \$             | 0.00                 |                   |  |
| COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         COMMUNITY/ AREA       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         COMMUNITY/ AREA       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         COMMUNITY/ AREA       DSE       CALL SIGN       DSE         COMUNITY/ AREA       DSE       CALL SIGN       DSE   | Base Rate Fee First G                 | roup               | \$  | 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         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>SEVEN</td> <td>TY-FIRST</td> <td>SUBSCRIBER GRO</td> <td>UP</td> <td>SEVEN</td> <td>TY-SECOND</td> <td>SUBSCRIBER GRO</td> <td>UP</td> <td></td>   | SEVEN                                 | TY-FIRST           | SUBSCRIBER GRO                                    | UP           | SEVEN                 | TY-SECOND | SUBSCRIBER GRO | UP                   |                   |  |
| Total DSEs       0.00         Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   | COMMUNITY/ AREA                       |                    |   | 0            | COMMUNITY/ ARE/       | ۹         |                | 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         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   |                                       |                    | -   |              |                       |           |                |                      |                   |  |
| 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   | Total DSEs                            |                    |   |              | Total DSEs            |           |                |                      |                   |  |
|  | Gross Receipts Third G                | 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  | 3ase Rate Fee Third Group \$ 0.00     |                    |   | 0.00         | Base Rate Fee Four    | rth Group | \$             | 0.00                 |                   |  |
| Enter here and in block 3, line 1, space L (page 7)  | Base Rate Fee: Add th                 | e <b>base ra</b> t | <b>te fees</b> for each subse<br>space L (page 7) | criber group | as shown in the boxes | s above.  | s              |                      |                   |  |

| LEGAL NAME OF OWN<br>CABLE ONE, INC             |                                   | LE SYSTEM:       |                |                      |                             | 5                | O06545 | Name                    |
|---|-----------------------------------|------------------|----------------|----------------------|-----------------------------|------------------|--------|-------------------------|
| В   | LOCK A: (                         | COMPUTATION OI   | BASE RA        | ATE FEES FOR EA      | CH SUBSCF                   | RIBER GROUP      |        |                         |
|   |                                   | SUBSCRIBER GRO   |                |                      |                             | I SUBSCRIBER GRO | UP     | •                       |
| COMMUNITY/ AREA                                 |                                   |                  | 0              | COMMUNITY/ ARE       | EA                          |                  | 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                |
| [   |                                   |                  |                |                      |                             |                  |        |                         |
|   |                                   |                  |                |                      |                             |                  |        |                         |
| [   |                                   | ]                |                |                      |                             |                  |        |                         |
|   |                                   |                  |                |                      |                             |                  |        |                         |
| [   |                                   |                  |                |                      |                             |                  |        |                         |
|   |                                   |                  |                |                      |                             |                  |        |                         |
| Total DSEs                                      |                                   |                  | 0.00           | Total DSEs           |                             |                  | 0.00   |                         |
| Gross Receipts First G                          | Group                             | \$               | 0.00           | Gross Receipts Sec   | cond Group                  | \$               | 0.00   |                         |
| <b>Base Rate Fee</b> First G                    | Group                             | \$               | 0.00           | Base Rate Fee Sec    | cond Group                  | \$               | 0.00   |                         |
| SEVEN   | NTY-FIFTH                         | SUBSCRIBER GRO   | UP             | SE                   | /ENTY-SIXTH                 | I SUBSCRIBER GRO | UP     |                         |
| COMMUNITY/ AREA                                 |                                   |                  | 0              | COMMUNITY/ ARE       |                             |                  | 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>  |                      | ••••• <mark>•</mark> •••••• | ·                |        |                         |
|   | ···                               | -                | ··             |                      | •••••                       |                  | ····   |                         |
|   | •                                 |                  | •              |                      | ••••••                      |                  |        |                         |
|   |                                   |                  | <mark></mark>  |                      | ••••••                      | •••              |        |                         |
| Total DSEs                                      |                                   |                  | 0.00           | Total DSEs           |                             |                  | 0.00   |                         |
|   | 0                                 | •                |                |                      |                             | •                |        |                         |
| Gross Receipts Third                            | Group                             | \$               | 0.00           | Gross Receipts Fou   | urin Group                  | \$               | 0.00   |                         |
| Base Rate Fee Third (                           | Base Rate Fee Third Group \$ 0.00 |                  |                | Base Rate Fee Fou    | urth Group                  | \$               | 0.00   |                         |
| Base Rate Fee: Add th<br>Enter here and in bloc |                                   |                  | criber group   | as shown in the boxe | es above.                   | \$               |        |                         |
| Enter here and in bloc                          | k 3, line 1, s                    | space L (page 7) |                |                      |                             | \$               |        |                         |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006545 |                |                  |             |                      |                            |                  |       |                  |  |
|---|----------------|------------------|-------------|----------------------|----------------------------|------------------|-------|------------------|--|
| BI  | LOCK A: (      | COMPUTATION OF   | BASE RA     | TE FEES FOR EAG      |                            | RIBER GROUP      |       |                  |  |
| SEVENTY-S   | SEVENTH        | SUBSCRIBER GROU  | JP          | SEVE                 | NTY-EIGHTH                 | I 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            | O/ LEE OFOIT     | DOL         | O, LEE OIOIT         | DOL                        | ON LEE OTOT      | DOL   | 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   | ond Group                  | \$               | 0.00  |                  |  |
|   |                |                  |             |                      |                            |                  |       |                  |  |
| Base Rate Fee First G   | roup           | \$               | 0.00        | Base Rate Fee Sec    | ond Group                  | \$               | 0.00  |                  |  |
| SEVEN   | TY-NINTH       | SUBSCRIBER GROU  | JP          |                      | EIGHTIETH                  | 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> ••••• | •                | ····· |                  |  |
|   | •              |                  |             |                      | ·····                      |                  | ••••• |                  |  |
|   | •              |                  |             |                      | •••••                      |                  | ••••• |                  |  |
|   | •              |                  |             |                      |                            | ·                |       |                  |  |
|   | •              |                  |             |                      |                            | ·                |       |                  |  |
|   |                |                  |             |                      |                            | •                |       |                  |  |
|   | •              |                  |             |                      |                            |                  |       |                  |  |
|   |                |                  |             |                      |                            | •                |       |                  |  |
|   | •              |                  |             |                      |                            | •                |       |                  |  |
|   | •              |                  |             |                      |                            | •                |       |                  |  |
|   |                |                  |             | 1                    |                            | 1                |       |                  |  |
|   |                |                  |             | 1                    |                            |                  |       |                  |  |
| Total DSEs  |                |                  | 0.00        | Total DSEs           |                            | 11               | 0.00  |                  |  |
| Cross Dessints Third (  |                |                  |             | Cross Dessints Fau   | with Origina               | •                |       |                  |  |
| Gross Receipts Third G  | ыопр           | \$               | 0.00        | Gross Receipts Fou   | inun 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   | < 3, line 1, s | space L (page 7) |             |                      |                            | \$               |       |                  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006545 |          |                 |             |                      |               |                  |      |                      |  |  |
|---|----------|-----------------|-------------|----------------------|---------------|------------------|------|----------------------|--|--|
| BL  | OCK A: 0 | 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           |  |  |
|   |          |                 |             |                      | <mark></mark> |                  |      | Exclusivity          |  |  |
|   |          |                 |             |                      |               |                  |      | Surcharge            |  |  |
|   |          |                 |             |                      |               |                  |      | for                  |  |  |
|   |          |                 |             |                      |               |                  |      | Partially<br>Distant |  |  |
|   |          |                 |             |                      | ·····         | •                |      | Stations             |  |  |
|   |          |                 |             |                      |               |                  |      | otationo             |  |  |
|   |          |                 |             |                      |               |                  |      |                      |  |  |
|   |          |                 |             |                      |               |                  |      |                      |  |  |
|   |          |                 |             |                      |               |                  |      |                      |  |  |
|   |          |                 |             |                      |               |                  |      |                      |  |  |
|   |          |                 |             |                      |               |                  |      |                      |  |  |
| 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 Gr  | oup      | \$              | 0.00        | Base Rate Fee Sec    | cond Group    | \$               | 0.00 |                      |  |  |
| EICHT   | ע דעופט  | SUBSCRIBER GROL | ID          | FIG                  |               | I SUBSCRIBER GRO |      |                      |  |  |
| COMMUNITY/ AREA   |          | SUBSCRIBER GROU | 0           | COMMUNITY/ ARE       |               | I SUBSCRIBER GRO | 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 Fou   | irth Group    | \$               | 0.00 |                      |  |  |
|   |          |                 |             |                      |               |                  |      |                      |  |  |
| Base Rate Fee Third G   | roup     | \$              | 0.00        | Base Rate Fee Fou    | irth Group    | \$               | 0.00 |                      |  |  |
|   |          |                 |             |                      |               |                  |      |                      |  |  |
| Base Rate Fee: Add the Enter here and in block                      |          |                 | riber group | as shown in the boxe | es above.     | \$               |      |                      |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CABLE ONE, INC.006545 |                                       |                 |              |                      |            |                  |               |                     |  |  |
|---|---------------------------------------|-----------------|--------------|----------------------|------------|------------------|---------------|---------------------|--|--|
| BI  | LOCK A: (                             | COMPUTATION OF  | BASE RA      | TE FEES FOR EAC      | CH SUBSCF  | RIBER GROUP      |               |                     |  |  |
|   |                                       | SUBSCRIBER GRO  |              |                      |            | I SUBSCRIBER GRO | UP            | •                   |  |  |
| COMMUNITY/ AREA   |                                       |                 | 0            | COMMUNITY/ ARE       | A          |                  | 0             | 9<br>Computation    |  |  |
| CALL SIGN   | Dee                                   |                 |              | CALL SIGN            |            |                  | Dee           | of                  |  |  |
| CALL SIGN   | DSE                                   | CALL SIGN       | DSE          | CALL SIGN            | DSE        | CALL SIGN        | DSE           | or<br>Base Rate Fee |  |  |
|   | ••                                    |                 |              |                      |            | +                |               | and                 |  |  |
|   | •                                     | -               |              |                      |            |                  |               | Syndicated          |  |  |
|   | · · · · · · · · · · · · · · · · · · · | -               |              |                      |            |                  |               | Exclusivity         |  |  |
|   |                                       |                 |              |                      |            |                  |               | Surcharge           |  |  |
|   |                                       | -               |              |                      |            | •                |               | for                 |  |  |
|   | •                                     | -               |              |                      |            | •                |               | Partially           |  |  |
|   |                                       |                 |              |                      |            | •                |               | Distant             |  |  |
|   | ·                                     | -               | <b>.</b>     |                      | ····       | •                | •••••         | Stations            |  |  |
|   | ·                                     | -               | <b>.</b>     |                      | ····       | •                | •••••         | Stations            |  |  |
|   |                                       |                 |              |                      |            | •                | ·····         |                     |  |  |
|   | •                                     | -               | <b>.</b>     |                      | ····       | •                |               |                     |  |  |
|   | •                                     |                 |              |                      |            | •                | ·····         |                     |  |  |
|   |                                       | •               |              |                      |            | •                | ·····         |                     |  |  |
|   |                                       |                 |              |                      |            |                  |               |                     |  |  |
| Total DSEs  | 44                                    | <u> </u>        | 0.00         | Total DSEs           |            | <b>.</b>         | 0.00          |                     |  |  |
|   |                                       |                 | 0.00         | Gross Receipts Sec   | ond Group  | \$               | 0.00          |                     |  |  |
|   |                                       |                 |              |                      |            |                  |               |                     |  |  |
| Base Rate Fee First G   |                                       | \$              | 0.00         | Base Rate Fee Sec    |            | \$               | 0.00          |                     |  |  |
| EIGHTY-   | SEVENTH                               | SUBSCRIBER GRO  | UP           | EIGI                 | HTY-EIGHTH | I SUBSCRIBER GRO | UP            |                     |  |  |
| COMMUNITY/ AREA   |                                       |                 | 0            | COMMUNITY/ ARE       | A          |                  | 0             |                     |  |  |
| CALL SIGN   | DSE                                   | CALL SIGN       | DSE          | CALL SIGN            | DSE        | CALL SIGN        | DSE           |                     |  |  |
|   |                                       |                 |              |                      |            |                  |               |                     |  |  |
|   |                                       |                 |              |                      |            |                  |               |                     |  |  |
|   |                                       |                 |              |                      |            |                  |               |                     |  |  |
|   |                                       |                 |              |                      |            |                  |               |                     |  |  |
|   |                                       |                 |              |                      |            |                  |               |                     |  |  |
|   |                                       |                 | . <b>.</b>   |                      |            |                  | <mark></mark> |                     |  |  |
|   |                                       |                 |              |                      |            |                  |               |                     |  |  |
|   |                                       |                 |              |                      |            |                  |               |                     |  |  |
|   |                                       |                 |              |                      | ·····      |                  |               |                     |  |  |
|   | <mark></mark>                         |                 | . <b> </b>   |                      |            |                  | <mark></mark> |                     |  |  |
|   | <mark>.</mark>                        |                 |              |                      |            |                  | ·····         |                     |  |  |
|   | <mark>.</mark>                        |                 |              |                      |            | •                | ····          |                     |  |  |
|   |                                       |                 |              |                      |            | •                |               |                     |  |  |
|   | •                                     |                 |              |                      |            |                  | ·····         |                     |  |  |
|   |                                       |                 | 0.00         | Tatal DOC-           |            | 11               | 0.00          |                     |  |  |
| 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 Group \$ 0.00                                   |                                       |                 | 0.00         | Base Rate Fee Fou    | rth Group  | \$               | 0.00          |                     |  |  |
| Base Rate Fee: Add th<br>Enter here and in block                    |                                       |                 | criber group | as shown in the boxe | es above.  | \$               |               |                     |  |  |
|   | . 0, 1110 1, 3                        | opado - (page / |              |                      |            | *                |               |                     |  |  |

| LEGAL NAME OF OV<br>CABLE ONE, IN         |       | LE SYSTEM:       |   |  |            | S              | 006545  | Name                      |
|---|-------|------------------|---|--|------------|----------------|---------|---------------------------|
|   |       |                  |   | ATE FEES FOR EA                                    |            |                |         |                           |
|   |       | SUBSCRIBER GRO   |   | NINTIETH SUBSCRIBER GROUP                          |            |                |         | 9                         |
| COMMUNITY/ AREA 0                         |       |                  |   | COMMUNITY/ AREA 0                                  |            |                |         | <b>J</b><br>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 Group \$             |       |                  | 0.00                                    | Gross Receipts Sec                                 | cond Group | \$             | 0.00    |                           |
|   |       |                  |   |  |            |                |         |                           |
| Base Rate Fee First Group \$ 0.00         |       |                  |   | Base Rate Fee Second Group         \$         0.00 |            |                |         |                           |
|   |       | SUBSCRIBER GRO   |   | 11   |            | SUBSCRIBER GRO |         |                           |
| COMMUNITY/ ARE                            | A     |                  | 0                                       | COMMUNITY/ ARE                                     | EA         |                | 0       |                           |
| CALL SIGN                                 | DSE   | CALL SIGN        | DSE                                     | CALL SIGN  | DSE        | CALL SIGN      | DSE     |                           |
|   |       | •                |   |  |            | •              |         |                           |
|   |       |                  |   |  |            |                |         |                           |
|   |       |                  |   |  |            |                |         |                           |
|   |       |                  | ••••••••••••••••••••••••••••••••••••••• | -  |            | ++             |         |                           |
|   |       |                  |   |  |            |                |         |                           |
|   |       |                  |   |  |            |                |         |                           |
|   |       |                  | <mark></mark>                           |  |            |                |         |                           |
|   |       | 1                |   |  |            | <u> </u>       |         |                           |
|   |       | <b>_</b>         |   |  |            | <b>_</b>       |         |                           |
|   |       |                  | <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 |                           |
|   |       |                  |   | 11   |            |                |         |                           |
| Base Rate Fee: Ad<br>Enter here and in bl |       |                  | criber group                            | as shown in the boxe                               | es above.  | \$             |         |                           |
|   |       | opuoo - (page /, |   |  |            | *              |         |                           |

| LEGAL NAME OF OWN<br>CABLE ONE, INC |                | LE SYSTEM:       |              |                               |            | S                | O06545 | Name              |
|-------------------------------------|----------------|------------------|--------------|-------------------------------|------------|------------------|--------|-------------------|
|                                     |                |                  |              | ATE FEES FOR EAG              |            | RIBER GROUP      |        |                   |
| NINE                                | TY-THIRD       | SUBSCRIBER GRO   | JP           | NINE                          | ETY-FOURTH | I SUBSCRIBER GRO | UP     | 0                 |
| COMMUNITY/ AREA 0                   |                |                  | 0            | COMMUNITY/ AREA 0             |            |                  |        | 9                 |
|                                     |                |                  |              |                               |            |                  |        | 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>  |                  |              |                               |            | •                |        |                   |
|                                     |                |                  |              |                               |            |                  |        |                   |
|                                     |                |                  |              |                               |            | <u> </u>         |        |                   |
| 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   |                   |
| NINE                                | ETY-FIFTH      | SUBSCRIBER GRO   | JP           | NINETY-SIXTH SUBSCRIBER GROUP |            |                  |        |                   |
| COMMUNITY/ AREA 0                   |                |                  |              | COMMUNITY/ AREA 0             |            |                  |        |                   |
| CALL SIGN                           | DSE            | CALL SIGN        | DSE          | CALL SIGN                     | DSE        | CALL SIGN        | DSE    |                   |
|                                     |                | -                |              | •                             |            | •                |        |                   |
|                                     |                |                  |              |                               |            | ++               |        |                   |
|                                     |                | -                |              |                               |            |                  |        |                   |
|                                     |                |                  |              |                               |            |                  |        |                   |
|                                     |                | _                |              |                               |            |                  |        |                   |
|                                     |                |                  |              |                               |            |                  |        |                   |
|                                     | <mark></mark>  |                  |              |                               |            | •                |        |                   |
|                                     | <mark></mark>  |                  |              |                               | ·····      |                  |        |                   |
|                                     | ···            |                  |              |                               |            | •                |        |                   |
|                                     |                |                  |              |                               |            |                  |        |                   |
|                                     | <b></b>        |                  | <b>.</b>     |                               |            | ++               |        |                   |
|                                     |                |                  |              |                               |            | 11               |        |                   |
|                                     |                |                  |              |                               |            |                  |        |                   |
| 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 t                |                |                  | criber group | as shown in the boxe          | es above.  |                  |        |                   |
| Enter here and in bloc              | к 3, line 1, я | space L (page 7) |              |                               |            | \$               |        |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006545 |                                       |                  |             |                      |               |                  |               |                  |  |
|--|---------------------------------------|------------------|-------------|----------------------|---------------|------------------|---------------|------------------|--|
| BL   | OCK A: (                              | COMPUTATION OF   | BASE RA     | TE FEES FOR EAC      |               | RIBER GROUP      |               |                  |  |
| NINETY-S   | SEVENTH                               | SUBSCRIBER GROU  | JP          | NIN                  | ETY-EIGHTH    | I SUBSCRIBER GRO | UP            | •                |  |
| COMMUNITY/ AREA  |                                       |                  | 0           | COMMUNITY/ ARE       | Α             |                  | 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>       | •                |               |                  |  |
|  |                                       |                  |             |                      |               | 1                |               |                  |  |
|  |                                       |                  |             |                      |               |                  |               |                  |  |
| Total DSEs   | <b>.</b>                              |                  | 0.00        | Total DSEs           |               | <b>.</b>         | 0.00          |                  |  |
|  |                                       |                  | 0.00        | Gross Receipts Sec   | ond Group     | \$               | 0.00          |                  |  |
|  |                                       |                  |             |                      |               |                  |               |                  |  |
| Base Rate Fee First G                                  |                                       | \$               | 0.00        | Base Rate Fee Seco   | ond Group     | \$               | 0.00          |                  |  |
| NINE   | FY-NINTH                              | SUBSCRIBER GROU  | JP          | ONE H                | IUNDREDTH     | 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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|  |                                       |                  |             |                      |               |                  |               |                  |  |
| Total DSEs   |                                       |                  | 0.00        | Total DSEs           |               |                  | 0.00          |                  |  |
| Gross Receipts Third G                                 | Group                                 | \$               | 0.00        | Gross Receipts Fou   | 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                                  |                                       |                  | riber group | as shown in the boxe | s above.      | ¢                |               |                  |  |
| Enter here and in block                                | . 5, iine 1, 9                        | space L (page 7) |             |                      |               | \$               |               |                  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006545 |                                   |                |               |                      |            |                  |       |                         |  |
|--|-----------------------------------|----------------|---------------|----------------------|------------|------------------|-------|-------------------------|--|
|  |                                   |                |               | ATE FEES FOR EAG     | CH SUBSCF  | RIBER GROUP      |       |                         |  |
| ONE HUNI   | DRED FIRST                        | SUBSCRIBER GRO | UP            | ONE HUNDR            | ED SECONE  | ) SUBSCRIBER GRO | UP    | •                       |  |
| COMMUNITY/ ARE   | Α                                 |                | 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 Fe            |  |
|  |                                   |                |               |                      |            |                  |       | and                     |  |
|  |                                   |                |               |                      |            |                  |       | Syndicated              |  |
|  |                                   |                |               |                      |            |                  |       | Exclusivity             |  |
|  |                                   |                |               |                      |            |                  |       | Surcharge               |  |
|  |                                   |                |               |                      |            |                  |       | for                     |  |
|  |                                   |                |               |                      |            |                  |       | Partially               |  |
|  |                                   |                |               |                      |            | •                |       | Distant                 |  |
|  |                                   |                |               |                      |            | •                | ····· | Stations                |  |
|  | ·····                             |                |               |                      | ·····      | •                | ····· |                         |  |
|  |                                   |                | •••           |                      |            | •                | ••••• |                         |  |
|  | •••••                             |                | <mark></mark> |                      | •••••      | •                | ····· |                         |  |
|  |                                   |                | •             |                      |            |                  |       |                         |  |
|  |                                   |                |               | •                    | •••••      |                  |       |                         |  |
| T  |                                   | 1              |               |                      |            | 11               | 0.00  |                         |  |
| 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 Firs                                     | t Group                           | \$             | 0.00          | Base Rate Fee Sec    | ond Group  | \$               | 0.00  |                         |  |
| ONE HUND   | DRED THIRD                        | SUBSCRIBER GRO | UP            | ONE HUNDF            | RED FOURTH | I SUBSCRIBER GRO | UP    |                         |  |
| COMMUNITY/ ARE   | Α                                 |                | 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> |                      |            |                  | ••••• |                         |  |
|  |                                   |                | 0.00          | Tatal DOC-           |            |                  | 0.00  |                         |  |
| Total DSEs   |                                   |                | 0.00          | Total DSEs           |            |                  | 0.00  |                         |  |
| Gross Receipts Thir                                    | d Group                           | \$             | 0.00          | Gross Receipts Fou   | irth Group | \$               | 0.00  |                         |  |
| Base Rate Fee Thir                                     | Base Rate Fee Third Group \$ 0.00 |                | 0.00          | Base Rate Fee Fou    | rth Group  | \$               | 0.00  |                         |  |
|  |                                   |                |               | 11                   |            |                  |       |                         |  |
| 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# 006545 |          |                 |             |                      |               |                  |       |                  |
|--|----------|-----------------|-------------|----------------------|---------------|------------------|-------|------------------|
| BL   | OCK A: ( | COMPUTATION OF  | BASE RA     | TE FEES FOR EAG      | CH SUBSCR     | RIBER GROUP      |       |                  |
| ONE HUNDRE   | ED FIFTH | SUBSCRIBER GROU | JP          | ONE HUN              | DRED SIXTH    | I 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          |
|  |          |                 |             |                      | <mark></mark> | •                |       | Stations         |
|  |          |                 |             |                      |               |                  |       |                  |
|  |          |                 |             |                      |               |                  | ····· |                  |
|  |          |                 |             |                      |               | •                |       |                  |
|  |          |                 |             |                      |               | •                | ····· |                  |
|  |          |                 |             |                      | •••••         | ++               | ••••  |                  |
|  | <u> </u> |                 |             |                      |               | ļļ               |       |                  |
| Total DSEs   |          |                 | 0.00        | Total DSEs           |               |                  | 0.00  |                  |
| Gross Receipts First Gr                                | oup      | \$              | 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  |                  |
| ONE HUNDRED S  | EVENTH   | SUBSCRIBER GROU | JP          | ONE HUND             | RED EIGHTH    | I SUBSCRIBER GRO | UP    |                  |
| 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 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  |                  |
| Base Rate Fee: Add the Enter here and in block         |          |                 | riber group | as shown in the boxe | es above.     | \$               |       |                  |
|  | . , .    |                 |             |                      |               |                  |       |                  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006545 |                |                  |             |                            |            |   |       |                  |
|--|----------------|------------------|-------------|----------------------------|------------|---|-------|------------------|
| 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            | ONLE CICIN       | DOL         | ONLE DIGIN                 | DOL        | ONLE OIGH                               | DOL   | Base Rate Fee    |
|  |                |                  |             |                            | •••••      |   |       | and              |
|  |                |                  |             |                            |            | •                                       |       | Syndicated       |
|  |                |                  |             |                            |            | •=••••••••••••••••••••••••••••••••••••• |       | Exclusivity      |
|  |                |                  |             |                            |            |   |       | Surcharge        |
|  |                |                  |             |                            |            |   |       | for              |
|  |                |                  |             |                            |            |   |       | Partially        |
|  |                |                  |             |                            |            |   |       | Distant          |
|  |                |                  |             |                            |            |   |       | Stations         |
|  |                |                  |             |                            |            |   |       |                  |
|  |                |                  |             |                            |            |   |       |                  |
|  |                |                  |             |                            |            |   |       |                  |
|  |                |                  |             |                            |            |   |       |                  |
|  |                |                  |             |                            |            |   |       |                  |
|  |                |                  |             |                            |            |   |       |                  |
| 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          | cond Group | \$                                      | 0.00  |                  |
| ONE HUNDRED E  | LEVENTH        | SUBSCRIBER GROU  | JP          | ONE HUNDRE                 | ED TWELVTH | 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  |                  |
| Base Rate Fee Third C                                  | Group          | \$               | 0.00        | Base Rate Fee Fou          | irth Group | \$                                      | 0.00  |                  |
| Base Rate Fee: Add th                                  |                |                  | riber group | II<br>as shown in the boxe | es above.  |   |       |                  |
| Enter here and in block                                | k 3, line 1, s | space L (page 7) |             |                            |            | \$                                      |       |                  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006545 |          |   |             |                       |               |                   |               |                  |  |
|--|----------|---|-------------|-----------------------|---------------|-------------------|---------------|------------------|--|
| BLC  | DCK A: C | COMPUTATION OF                                  | BASE RA     | TE FEES FOR EAC       | H SUBSCF      | RIBER GROUP       |               |                  |  |
| ONE HUNDRED THIRT                                      | FEENTH   | SUBSCRIBER GROU                                 | JP          | ONE HUNDRED FO        | URTEENTH      | I SUBSCRIBER GROU | JP            | •                |  |
| COMMUNITY/ AREA  |          |   | 0           | COMMUNITY/ AREA       | <i></i>       |                   | 0             | 9                |  |
| CALL SIGN  | DSE      | CALL SIGN                                       | DSE         | CALL SIGN             | DSE           | CALL SIGN         | DSE           | Computatio<br>of |  |
| ONLE OIGH  | DOL      | ON LEE OF ON                                    | DOL         | ONLE OIGH             | DOL           | ONEL OIGH         | DOL           | Base Rate Fe     |  |
|  |          |   |             |                       |               |                   |               | and              |  |
|  |          |   |             |                       |               |                   |               | Syndicated       |  |
|  |          |   |             |                       |               |                   |               | Exclusivity      |  |
|  |          |   |             |                       |               |                   |               | Surcharge        |  |
|  |          |   |             |                       |               |                   |               | for              |  |
|  |          |   |             |                       |               |                   |               | Partially        |  |
|  |          |   |             |                       |               |                   |               | Distant          |  |
|  |          |   |             |                       |               |                   |               | Stations         |  |
|  |          |   |             |                       |               |                   |               |                  |  |
|  |          |   |             |                       |               |                   |               |                  |  |
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|  |          |   |             |                       | ····          |                   |               |                  |  |
|  |          | ļ   | 0.00        |                       |               | 11                | 0.00          |                  |  |
| Total DSEs   |          |   | 0.00        | Total DSEs            |               |                   | 0.00          |                  |  |
| Gross Receipts First Gro                               | oup      | \$  | 0.00        | Gross Receipts Seco   | ond Group     | \$                | 0.00          |                  |  |
| Base Rate Fee First Gro                                | up       | \$  | 0.00        | Base Rate Fee Seco    | ond Group     | \$                | 0.00          |                  |  |
| ONE HUNDRED FIFT                                       | FEENTH   | SUBSCRIBER GROU                                 | JP          | ONE HUNDRED           | SIXTEENTH     | I SUBSCRIBER GROU | JP            |                  |  |
| COMMUNITY/ AREA  |          |   | 0           | COMMUNITY/ AREA       | A             |                   | 0             |                  |  |
| CALL SIGN  | DSE      | CALL SIGN                                       | DSE         | CALL SIGN             | DSE           | CALL SIGN         | DSE           |                  |  |
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|  |          |   |             |                       |               |                   |               |                  |  |
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|  |          |   |             |                       |               |                   |               |                  |  |
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| Fotal DSEs   |          |   | 0.00        | Total DSEs            |               |                   | 0.00          |                  |  |
| Gross Receipts Third Gr                                | 0110     | ¢.  | 0.00        | Gross Receipts Four   | th Group      | ¢.                | 0.00          |                  |  |
| Gross Necelpis Third Gh                                | oup      | <u>\$</u>                                       | 5.00        |                       | ai Group      | \$                | 0.00          |                  |  |
| Base Rate Fee Third Gro                                | oup      | \$  | 0.00        | Base Rate Fee Four    | th Group      | \$                | 0.00          |                  |  |
|  |          | <b>e fees</b> for each subsc<br>pace L (page 7) | riber group | as shown in the boxes | s above.      | \$                |               |                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006545 |           |                 |  |                      |                                 |                   |       |                   |  |
|--|-----------|-----------------|--|----------------------|---------------------------------|-------------------|-------|-------------------|--|
|  | BLOCK A:  | COMPUTATION O   | F BASE RA                              | TE FEES FOR EAC      |                                 |                   |       |                   |  |
|  |           | SUBSCRIBER GROU |  | ONE HUNDRED          | EIGHTEENTH                      | H SUBSCRIBER GROU | P     | 9                 |  |
| COMMUNITY/ ARE   | A         |                 | 0                                      | COMMUNITY/ ARE       | Α                               |                   | 0     | -                 |  |
| CALL SIGN  | DSE       | CALL SIGN       | DSE                                    | CALL SIGN            | DSE                             | CALL SIGN         | DSE   | Comput<br>of      |  |
|  |           |                 |  |                      |                                 |                   |       | Base Rat          |  |
|  |           |                 |  |                      |                                 |                   |       | and               |  |
|  |           | -               |  |                      |                                 |                   |       | Syndica           |  |
|  |           |                 |  |                      |                                 |                   |       | Exclusi           |  |
|  |           |                 |  |                      |                                 |                   |       | Surcha            |  |
|  |           |                 | <mark></mark>                          |                      | <mark></mark>                   | •                 | ····· | for               |  |
|  |           |                 | <mark></mark>                          |                      | ••••• <mark>•••••</mark> •••••• |                   |       | Partial<br>Distar |  |
|  |           |                 | •••••••••••••••••••••••••••••••••••••• |                      | •••••                           | •                 |       | Station           |  |
|  |           |                 | <b></b>                                |                      |                                 |                   |       |                   |  |
|  |           |                 |  |                      |                                 |                   |       |                   |  |
|  |           |                 |  |                      |                                 |                   |       |                   |  |
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|  |           |                 |  |                      |                                 |                   |       |                   |  |
| otal 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                      |           |                 | 0.00                                   | Base Rate Fee Sec    | ond Group                       | \$                | 0.00  |                   |  |
| ONE HUNDRED  | NINTEENTH | SUBSCRIBER GRO  | )UP                                    | ONE HUNDRED          | TWENTIETH                       | I SUBSCRIBER GRO  | UP    |                   |  |
| OMMUNITY/ ARE  | Α         |                 | 0                                      | COMMUNITY/ ARE       | A                               |                   | 0     |                   |  |
| CALL SIGN  | DSE       | CALL SIGN       | DSE                                    | CALL SIGN            | DSE                             | CALL SIGN         | DSE   |                   |  |
|  |           |                 |  |                      |                                 | •                 |       |                   |  |
|  |           |                 |  |                      |                                 |                   |       |                   |  |
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|  |           |                 |  |                      |                                 |                   |       |                   |  |
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|  |           |                 |  |                      |                                 |                   |       |                   |  |
| otal DSEs  |           | ·               | 0.00                                   | Total DSEs           |                                 |                   | 0.00  |                   |  |
| oross Receipts Thir                                    | d Group   | \$              | 0.00                                   | Gross Receipts Fou   | rth Group                       | \$                | 0.00  |                   |  |
|  | <b>h</b>  | ·               |  |                      |                                 | ·                 |       |                   |  |
| ase Rate Fee Thir                                      | d Group   | \$              | 0.00                                   | Base Rate Fee Fou    | rth Group                       | \$                | 0.00  |                   |  |
|  |           |                 |  |                      |                                 |                   |       |                   |  |
|  |           |                 |  |                      |                                 |                   |       |                   |  |
| ase Rate Fee: Add<br>nter here and in blo              |           |                 | scriber group                          | as shown in the boxe | s above.                        |                   |       |                   |  |

| LEGAL NAME OF OW<br>CABLE ONE, IN |                | LE SYSTEM:       | -              |                      |             | S                | YSTEM ID#<br>006545 | Name                     |
|-----------------------------------|----------------|------------------|----------------|----------------------|-------------|------------------|---------------------|--------------------------|
|                                   |                |                  |                | TE FEES FOR EAG      |             |                  |                     |                          |
|                                   |                | SUBSCRIBER GROUP |                | 11                   |             | SUBSCRIBER GROUP |                     | 9                        |
| COMMUNITY/ ARE/                   | ۹              |                  | 0              | COMMUNITY/ ARE       | A           |                  | 0                   | ✓ Computation            |
| CALL SIGN                         | DSE            | CALL SIGN        | DSE            | CALL SIGN            | DSE         | CALL SIGN        | DSE                 | of                       |
|                                   |                |                  |                |                      |             |                  |                     | Base Rate Fee            |
|                                   |                |                  |                |                      |             |                  |                     | and                      |
|                                   | ·····          |                  |                |                      |             |                  | ····                | Syndicated               |
|                                   | ·····          |                  | ··             |                      |             | +                | ·····               | Exclusivity<br>Surcharge |
|                                   |                |                  |                |                      |             |                  |                     | for                      |
|                                   |                |                  |                |                      |             |                  |                     | Partially                |
|                                   |                |                  |                |                      |             |                  |                     | Distant                  |
|                                   | •••••          |                  |                |                      |             |                  | ·····               | Stations                 |
|                                   |                |                  |                |                      |             |                  |                     |                          |
|                                   |                |                  |                |                      |             |                  |                     |                          |
|                                   |                |                  | <mark></mark>  |                      |             |                  | <mark></mark>       |                          |
|                                   | ·····          |                  | <mark>.</mark> |                      |             |                  | ·····               |                          |
|                                   |                | 11               | 0.00           |                      |             | 11               | 0.00                |                          |
| 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 TW                    | ENTY-THIRD     | SUBSCRIBER GROUP | 0              | ONE HUNDRED TWE      | ENTY-FOURTH | SUBSCRIBER GROUP | )                   |                          |
| COMMUNITY/ ARE/                   | ۹              |                  | 0              | COMMUNITY/ ARE       | 0           |                  |                     |                          |
| CALL SIGN                         | DSE            | CALL SIGN        | DSE            | CALL SIGN            | DSE         | CALL SIGN        | DSE                 |                          |
|                                   | ·····          |                  |                |                      |             |                  |                     |                          |
|                                   | ·····          |                  |                |                      |             | +                | ·····               |                          |
|                                   |                |                  |                |                      |             |                  |                     |                          |
|                                   |                | <u> </u>         |                |                      |             |                  |                     |                          |
|                                   | ·····          |                  | <mark>.</mark> |                      |             |                  | ·····               |                          |
|                                   |                | +                | <mark></mark>  |                      |             |                  |                     |                          |
|                                   |                |                  |                |                      |             |                  |                     |                          |
|                                   |                |                  |                |                      |             |                  |                     |                          |
|                                   |                |                  | <mark></mark>  |                      |             |                  |                     |                          |
|                                   |                |                  |                |                      |             |                  |                     |                          |
|                                   |                |                  |                |                      |             |                  |                     |                          |
|                                   |                |                  |                |                      |             |                  |                     |                          |
| Total DSEs                        |                |                  | 0.00           | Total DSEs           |             |                  | 0.00                |                          |
| Gross Receipts Thire              | d Group        | \$               | 0.00           | Gross Receipts Fou   | urth Group  | \$               | 0.00                |                          |
| Base Rate Fee Thire               | d Group        | \$               | 0.00           | Base Rate Fee Fou    | irth Group  | \$               | 0.00                |                          |
|                                   |                |                  |                | Ш                    |             |                  |                     |                          |
|                                   |                |                  | criber group   | as shown in the boxe | es above.   |                  |                     |                          |
| Enter here and in blo             | ock 3, line 1, | space L (page 7) |                |                      |             | \$               |                     |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006545 |                |                  |             |                       |               |                 |               |                  |  |
|--|----------------|------------------|-------------|-----------------------|---------------|-----------------|---------------|------------------|--|
| BI   | LOCK A: (      | COMPUTATION OF   | BASE RA     | ATE FEES FOR EAC      | H SUBSCR      | IBER GROUP      |               |                  |  |
|  |                | SUBSCRIBER GROUP |             |                       |               | SUBSCRIBER GROU | P             | ^                |  |
| COMMUNITY/ AREA  |                |                  | 0           | COMMUNITY/ AREA       |               |                 | 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          |  |
|  |                |                  |             |                       |               | -               | <mark></mark> | Stations         |  |
|  | <mark></mark>  |                  |             |                       | <mark></mark> |                 |               |                  |  |
|  | <mark></mark>  |                  |             |                       | <mark></mark> |                 | <mark></mark> |                  |  |
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|  | <mark></mark>  |                  |             | •                     | <mark></mark> | +               | •••••         |                  |  |
|  | ··             |                  |             |                       | <mark></mark> |                 |               |                  |  |
|  | ļļ             |                  | L           |                       |               | 11              |               |                  |  |
| Total DSEs   |                |                  | 0.00        | Total DSEs            |               |                 | 0.00          |                  |  |
| Gross Receipts First G                                 | roup           | \$               | 0.00        | Gross Receipts Seco   | nd Group      | \$              | 0.00          |                  |  |
| Base Rate Fee First G                                  | roup           | \$               | 0.00        | Base Rate Fee Seco    | nd Group      | \$              | 0.00          |                  |  |
| NE HUNDRED TWENTY                                      | -SEVENTH       | SUBSCRIBER GROUP |             | ONE HUNDRED TWE       | NTY-EIGHTH    | SUBSCRIBER GROU | P             |                  |  |
| COMMUNITY/ AREA  |                |                  | 0           | COMMUNITY/ AREA       |               |                 | 0             |                  |  |
| CALL SIGN  | DSE            | CALL SIGN        | DSE         | CALL SIGN             | DSE           | CALL SIGN       | DSE           |                  |  |
|  |                |                  |             |                       | <mark></mark> |                 | ·····         |                  |  |
|  | •              |                  |             |                       | <mark></mark> |                 |               |                  |  |
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|  |                |                  |             |                       |               |                 |               |                  |  |
|  |                |                  |             |                       |               |                 |               |                  |  |
|  |                |                  |             |                       |               |                 |               |                  |  |
|  |                |                  |             |                       |               |                 |               |                  |  |
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|  |                |                  | 1           |                       |               |                 |               |                  |  |
| 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          |                  |  |
|  |                |                  |             | 11                    |               |                 |               |                  |  |
| Base Rate Fee: Add the Enter here and in block         |                |                  | riber group | as shown in the boxes | above.        | \$              |               |                  |  |

## FORM SA3E. PAGE 19.

| LEGAL NAME OF OWNE                             |               | LE SYSTEM:       |              |                       |               | S                  | VSTEM ID#<br>006545 | Name             |
|--|---------------|------------------|--------------|-----------------------|---------------|--------------------|---------------------|------------------|
| В  | LOCK A: (     | COMPUTATION OF   | BASE RA      | TE FEES FOR EAC       | H SUBSCF      | RIBER GROUP        |                     |                  |
| ONE HUNDRED TWE                                | NTY-NINTH     | SUBSCRIBER GROUP | )            | ONE HUNDRE            | D THIRTIETH   | I SUBSCRIBER GROUP | 0                   | •                |
| COMMUNITY/ AREA                                |               |                  | 0            | COMMUNITY/ AREA       |               |                    | 0                   | 9<br>Computation |
| CALL SIGN                                      | DSE           | CALL SIGN        | DSE          | CALL SIGN             | DSE           | CALL SIGN          | DSE                 | of               |
|  | DOL           | ONLE OFON        | DOL          |                       | DOL           | O/ LE OIOIN        | DOL                 | Base Rate Fee    |
|  |               |                  | •            |                       | ••••          |                    |                     | and              |
|  |               |                  |              |                       |               |                    |                     | Syndicated       |
|  |               |                  |              |                       |               |                    |                     | Exclusivity      |
|  |               |                  |              |                       |               |                    |                     | Surcharge        |
|  |               |                  |              |                       |               |                    |                     | for              |
|  |               |                  |              |                       |               |                    |                     | Partially        |
|  |               |                  |              |                       |               |                    |                     | Distant          |
|  |               |                  |              |                       |               |                    |                     | Stations         |
|  | <mark></mark> |                  |              |                       |               |                    |                     |                  |
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|  | <mark></mark> |                  |              |                       |               |                    |                     |                  |
|  |               |                  |              |                       |               |                    |                     |                  |
| Total DSEs                                     |               |                  | 0.00         | Total DSEs            |               |                    | 0.00                |                  |
| Gross Receipts First G                         | roup          | \$               | 0.00         | Gross Receipts Seco   | and Group     | \$                 | 0.00                |                  |
|  | noup          | Ψ                | 0.00         |                       |               | Ψ                  | 0.00                |                  |
| Base Rate Fee First G                          | iroup         | \$               | 0.00         | Base Rate Fee Seco    | ond Group     | \$                 | 0.00                |                  |
| ONE HUNDRED THI                                | RTY-FIRST     | SUBSCRIBER GROUP | )            | ONE HUNDRED THIF      | RTY-SECONE    | SUBSCRIBER GROUP   | >                   |                  |
| 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 Four   | th Group      | \$                 | 0.00                |                  |
|  |               |                  |              |                       |               |                    |                     |                  |
| Base Rate Fee Third C                          | Group         | \$               | 0.00         | Base Rate Fee Four    | th Group      | \$                 | 0.00                |                  |
|  |               |                  |              |                       |               |                    |                     |                  |
| Base Rate Fee: Add the Enter here and in block |               |                  | criber group | as shown in the boxes | s above.      | \$                 |                     |                  |
|  | ,,            | · · · · · · · ·  |              |                       |               |                    |                     |                  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006545 |             |                  |              |                      |               |                   |       |                         |  |
|--|-------------|------------------|--------------|----------------------|---------------|-------------------|-------|-------------------------|--|
|  |             |                  |              | ATE FEES FOR EAG     | CH SUBSCF     | RIBER GROUP       |       |                         |  |
| ONE HUNDRED T  | HIRTY-THIRD | SUBSCRIBER GROUI | P            | ONE HUNDRED TH       | IRTY-FOURTH   | H SUBSCRIBER GROU | P     | 0                       |  |
| COMMUNITY/ ARE   | Α           |                  | 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<br>Partially        |  |
|  |             |                  |              |                      |               | •                 |       | Distant                 |  |
|  | •••••       |                  |              |                      |               | •                 |       | Stations                |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
| [  |             |                  |              |                      |               |                   |       |                         |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
|  |             |                  |              |                      | <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  |                         |  |
| Base Rate Fee Firs                                     | t Group     | \$               | 0.00         | Base Rate Fee Sec    | cond Group    | \$                | 0.00  |                         |  |
| ONE HUNDRED TH   | IRTY-FIFTH  | SUBSCRIBER GRO   | UP           | ONE HUNDRED T        | HIRTY-SIXTH   | I SUBSCRIBER GRO  | UP    |                         |  |
| COMMUNITY/ ARE   | Α           |                  | 0            | COMMUNITY/ ARE       | Α             |                   | 0     |                         |  |
| CALL SIGN  | DSE         | CALL SIGN        | DSE          | CALL SIGN            | DSE           | CALL SIGN         | DSE   |                         |  |
|  | •••••       |                  |              |                      |               | •                 |       |                         |  |
|  |             |                  |              |                      |               | •                 |       |                         |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
|  | ••••••      |                  | •••          |                      |               | •                 | ····· |                         |  |
|  | •••••       |                  | •••          |                      |               |                   |       |                         |  |
|  |             |                  |              | 1                    |               |                   |       |                         |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
| Total DSEs   |             |                  | 0.00         | Total DSEs           |               |                   | 0.00  |                         |  |
| Gross Receipts Thir                                    | d Group     | \$               | 0.00         | Gross Receipts Fou   | urth Group    | \$                | 0.00  |                         |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
| Base Rate Fee Thir                                     | d Group     | \$               | 0.00         | Base Rate Fee Fou    | Irth Group    | \$                | 0.00  |                         |  |
|  |             |                  |              |                      |               |                   |       |                         |  |
| Base Rate Fee: Add<br>Enter here and in blo            |             |                  | criber group | as shown in the boxe | es above.     | \$                |       |                         |  |
| L  |             |                  |              |                      |               |                   |       |                         |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006545 |                           |                  |               |                       |                                 |                  |               |                  |  |
|--|---------------------------|------------------|---------------|-----------------------|---------------------------------|------------------|---------------|------------------|--|
| E  | BLOCK A:                  | COMPUTATION O    | F BASE RA     | ATE FEES FOR EAC      | H SUBSCF                        | RIBER GROUP      |               |                  |  |
| ONE HUNDRED THIRT  |                           |                  |               |                       |                                 | SUBSCRIBER GROU  | P             | •                |  |
| COMMUNITY/ AREA  |                           |                  | 0             | COMMUNITY/ AREA       | A                               |                  | 0             | 9<br>Computatior |  |
| CALL SIGN  | DSE                       | CALL SIGN        | DSE           | CALL SIGN             | DSE                             | CALL SIGN        | DSE           | of               |  |
|  |                           |                  |               |                       |                                 |                  |               | Base Rate Fe     |  |
|  |                           |                  |               |                       |                                 |                  |               | and              |  |
|  |                           |                  |               |                       |                                 |                  |               | Syndicated       |  |
|  |                           |                  |               |                       |                                 |                  |               | Exclusivity      |  |
|  |                           |                  |               |                       |                                 |                  |               | Surcharge        |  |
|  |                           |                  |               |                       |                                 |                  |               | for              |  |
|  |                           |                  |               |                       |                                 |                  |               | Partially        |  |
|  |                           |                  |               |                       |                                 |                  |               | Distant          |  |
|  |                           |                  | <mark></mark> |                       |                                 |                  |               | Stations         |  |
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|  |                           | H                | 0.00          | TURGE                 | <u> </u>                        | 11               |               |                  |  |
| Total DSEs   |                           |                  | 0.00          | Total DSEs            |                                 |                  | 0.00          |                  |  |
| Gross Receipts First Group \$ 0.00   |                           |                  | 0.00          | Gross Receipts Seco   | ond Group                       | \$               | 0.00          |                  |  |
|  |                           |                  |               |                       |                                 |                  |               |                  |  |
| Base Rate Fee First  | Group                     | \$               | 0.00          | Base Rate Fee Seco    | ond Group                       | \$               | 0.00          |                  |  |
| ONE HUNDRED THI  | RTY-NINTH                 | SUBSCRIBER GRO   | DUP           | ONE HUNDRED           | D FORTIETH                      | I SUBSCRIBER GRC | UP            |                  |  |
| COMMUNITY/ AREA  |                           |                  | 0             | COMMUNITY/ AREA       | A                               |                  | 0             |                  |  |
| CALL SIGN  | DSE                       | CALL SIGN        | DSE           | CALL SIGN             | DSE                             | CALL SIGN        | DSE           |                  |  |
|  |                           | -                |               |                       |                                 |                  |               |                  |  |
|  |                           |                  |               |                       |                                 |                  |               |                  |  |
|  |                           |                  |               |                       |                                 |                  |               |                  |  |
|  |                           |                  |               |                       |                                 |                  |               |                  |  |
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|  |                           |                  |               |                       | ••••• <mark>•••••</mark> •••••• | •                |               |                  |  |
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|  |                           |                  | <b></b>       |                       |                                 |                  |               |                  |  |
|  |                           |                  | <b>.</b>      |                       |                                 |                  |               |                  |  |
|  |                           |                  |               |                       |                                 |                  |               |                  |  |
|  |                           |                  |               | ][                    |                                 |                  |               |                  |  |
|  |                           |                  |               |                       |                                 |                  |               |                  |  |
| Total DSEs   |                           |                  | 0.00          | Total DSEs            |                                 |                  | 0.00          |                  |  |
| Cross Dessints Third   | Crown                     | •                |               | Creas Dessints Four   | th Craun                        | •                |               |                  |  |
| Gross Receipts Third   | Group                     | \$               | 0.00          | Gross Receipts Four   | ui Gioup                        | \$               | 0.00          |                  |  |
|  |                           |                  |               |                       |                                 |                  |               |                  |  |
| Base Rate Fee Third  | Group                     | \$               | 0.00          | Base Rate Fee Four    | th Group                        | \$               | 0.00          |                  |  |
|  |                           |                  |               |                       |                                 |                  |               |                  |  |
|  |                           |                  |               |                       |                                 | _                |               |                  |  |
|  |                           |                  | scriber group | as shown in the boxes | s above.                        |                  |               |                  |  |
| Enter here and in blo  | ck 3, line 1,             | space L (page 7) |               |                       |                                 | \$               |               |                  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 006545 N |         |                  |              |                                    |            |                 |        |                          |  |
|--|---------|------------------|--------------|------------------------------------|------------|-----------------|--------|--------------------------|--|
|  |         |                  |              | ATE FEES FOR EAC                   |            |                 |        |                          |  |
| ONE HUNDRED F  |         | SUBSCRIBER GROUF | <u> </u>     | ONE HUNDRED FOR<br>COMMUNITY/ AREA |            | SUBSCRIBER GROU | P<br>0 | 9                        |  |
|  | 005     |                  |              |                                    |            |                 |        | Computation              |  |
| CALL SIGN  | DSE     | CALL SIGN        | DSE          | CALL SIGN                          | DSE        | CALL SIGN       | DSE    | of<br>Base Rate Fe       |  |
|  |         |                  |              |                                    |            |                 |        | and                      |  |
|  |         |                  |              |                                    |            |                 |        | Syndicated               |  |
|  |         |                  |              |                                    |            |                 |        | Exclusivity<br>Surcharge |  |
|  |         |                  |              |                                    |            |                 |        | for                      |  |
|  |         |                  |              |                                    |            |                 |        | Partially                |  |
|  |         |                  |              |                                    |            |                 |        | Distant                  |  |
|  |         |                  |              |                                    |            |                 |        | Stations                 |  |
|  |         |                  |              |                                    |            |                 |        |                          |  |
|  |         |                  |              |                                    |            |                 |        |                          |  |
|  | ·····   | -                |              | •                                  |            | ++              |        |                          |  |
|  |         | ·                |              |                                    |            | <b> </b>        |        |                          |  |
| Total DSEs   |         |                  | 0.00         | Total DSEs                         | - <u>-</u> |                 | 0.00   |                          |  |
| Gross Receipts First                                     | Group   | \$               | 0.00         | Gross Receipts Seco                | ond Group  | \$              | 0.00   |                          |  |
|  | ·       |                  |              |                                    |            |                 |        |                          |  |
| Base Rate Fee First                                      | Group   | \$               | 0.00         | Base Rate Fee Seco                 | ond Group  | \$              | 0.00   |                          |  |
|  |         | SUBSCRIBER GROUF |              | 11                                 |            | SUBSCRIBER GROU | P      |                          |  |
| COMMUNITY/ AREA  | A       |                  | 0            | COMMUNITY/ AREA                    | <i></i>    |                 | 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                                     | d Group | \$               | 0.00         | Gross Receipts Four                | th Group   | \$              | 0.00   |                          |  |
|  |         |                  |              |                                    |            |                 | ]      |                          |  |
| Base Rate Fee Third                                      | d Group | \$               | 0.00         | Base Rate Fee Four                 | th Group   | \$              | 0.00   |                          |  |
|  |         |                  |              |                                    |            |                 |        |                          |  |
| Base Rate Fee: Add<br>Enter here and in blo              |         |                  | criber group | as shown in the boxes              | above.     | \$              |        |                          |  |
|  | .,      | (F=3*,)          |              |                                    |            |                 |        |                          |  |

| LEGAL NAME OF OW<br>CABLE ONE, IN |            | LE SYSTEM:       |              |                      |               | 5                 | 6YSTEM ID#<br>006545 | Name             |
|-----------------------------------|------------|------------------|--------------|----------------------|---------------|-------------------|----------------------|------------------|
|                                   | BLOCK A: 0 | COMPUTATION OI   | BASE RA      | ATE FEES FOR EA      | CH SUBSCF     | RIBER GROUP       |                      |                  |
|                                   |            | SUBSCRIBER GROUP |              | 11                   |               | H SUBSCRIBER GROU | Р                    | ~                |
| COMMUNITY/ ARE/                   | ۹          |                  | 0            | COMMUNITY/ ARE       | EA            |                   | 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              |
|                                   |            |                  |              |                      |               |                   |                      | Partially        |
|                                   |            |                  |              |                      |               |                   |                      | 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               | Group      | \$               | 0.00         | Base Rate Fee Sec    | cond Group    | \$                | 0.00                 |                  |
| ONE HUNDRED FOR                   | TY-SEVENTH | SUBSCRIBER GROUP | 0            | ONE HUNDRED F        | ORTY-EIGHTH   | H SUBSCRIBER GROU | Р                    |                  |
| COMMUNITY/ ARE/                   | ۹          |                  | 0            | COMMUNITY/ ARE       | Α             |                   | 0                    |                  |
| CALL SIGN                         | DSE        | CALL SIGN        | DSE          | CALL SIGN            | DSE           | CALL SIGN         | DSE                  |                  |
|                                   | ·····      | -                |              | •                    |               |                   | ·····                |                  |
|                                   | •••••      |                  | •            | •                    |               | •                 |                      |                  |
|                                   | ·····      | -                |              | •                    |               | •                 |                      |                  |
|                                   | •••••      |                  | <b>.</b>     | •                    |               |                   |                      |                  |
|                                   |            |                  | ··           | •                    |               | •                 |                      |                  |
|                                   |            | -                |              |                      |               |                   |                      |                  |
|                                   |            |                  |              |                      |               |                   |                      |                  |
|                                   |            |                  |              |                      |               |                   |                      |                  |
| [                                 |            |                  |              | ][                   |               |                   |                      |                  |
|                                   |            |                  |              |                      |               |                   |                      |                  |
|                                   |            |                  |              |                      |               |                   |                      |                  |
|                                   |            |                  |              |                      |               |                   |                      |                  |
|                                   |            |                  |              |                      | <mark></mark> |                   |                      |                  |
|                                   |            |                  |              |                      |               |                   |                      |                  |
| Total DSEs                        |            |                  | 0.00         | Total DSEs           |               |                   | 0.00                 |                  |
| Gross Receipts Thire              | d Group    | \$               | 0.00         | Gross Receipts Fou   | urth Group    | \$                | 0.00                 |                  |
|                                   |            |                  |              |                      |               |                   |                      |                  |
| Base Rate Fee Third               | d Group    | \$               | 0.00         | Base Rate Fee Fou    | urth Group    | \$                | 0.00                 |                  |
|                                   |            |                  |              | 11                   |               |                   |                      |                  |
|                                   |            |                  | criber group | as shown in the boxe | es above.     | ¢                 |                      |                  |
| Enter here and in blo             |            | space L (paye /  |              |                      |               | Φ                 |                      |                  |

| LEGAL NAME OF OWN<br>CABLE ONE, INC          |            | E SYSTEM:      |  |                      |             | S                | OVSTEM ID#<br>006545 | Name                    |
|--|------------|----------------|--|----------------------|-------------|------------------|----------------------|-------------------------|
| E  | BLOCK A: ( | COMPUTATION O  | F BASE RA                              | ATE FEES FOR EA      | CH SUBSCR   | RIBER GROUP      |                      |                         |
| ONE HUNDRED FOR                              | RTY-NINTH  | SUBSCRIBER GRO | UP                                     | ONE HUNDR            | ED FIFTIETH | I SUBSCRIBER GRO | UP                   | •                       |
| 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 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                                   | 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-FIRST  | SUBSCRIBER GRO | )UP                                    | ONE HUNDRED FI       | TY-SECOND   | SUBSCRIBER GRO   | UP                   |                         |
| COMMUNITY/ AREA                              |            |                | 0                                      | COMMUNITY/ ARE       |             |                  | 0                    |                         |
| CALL SIGN                                    | DSE        | CALL SIGN      | DSE                                    | CALL SIGN            | DSE         | CALL SIGN        | DSE                  |                         |
|  |            |                | <mark></mark>                          |                      |             |                  |                      |                         |
|  |            |                |  |                      |             |                  |                      |                         |
|  | ····       |                | <mark></mark>                          |                      |             |                  | ·····                |                         |
|  | ····       |                | <mark></mark>                          |                      |             | •                |                      |                         |
|  | ····       |                | <mark></mark>                          |                      |             |                  | ·····                |                         |
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|  | ···        | -              | <mark></mark>                          |                      |             | •                |                      |                         |
|  |            |                | <mark></mark>                          |                      |             | +                |                      |                         |
|  |            |                | •••••••••••••••••••••••••••••••••••••• |                      |             |                  |                      |                         |
|  |            |                | <b></b>                                |                      |             |                  |                      |                         |
|  |            |                |  |                      |             |                  |                      |                         |
| [  |            |                |  |                      |             |                  |                      |                         |
|  |            |                |  |                      |             |                  |                      |                         |
|  |            |                |  |                      |             |                  |                      |                         |
| Total DSEs                                   |            |                | 0.00                                   | Total DSEs           |             |                  | 0.00                 |                         |
| Gross Receipts Third Group \$ 0.00           |            | 0.00           | Gross Receipts Fou                     | urth Group           | \$          | 0.00             |                      |                         |
|  | -          |                |  |                      | •           |                  |                      |                         |
| Base Rate Fee Third                          | Group      | \$             | 0.00                                   | Base Rate Fee Fou    | irth Group  | \$               | 0.00                 |                         |
| Base Rate Fee: Add<br>Enter here and in bloc |            |                | scriber group                          | as shown in the boxe | es above.   | \$               |                      |                         |

| LEGAL NAME OF OWN<br>CABLE ONE, INC                |            | E SYSTEM:      |                |                      |               | S                | O06545 | Name             |
|--|------------|----------------|----------------|----------------------|---------------|------------------|--------|------------------|
|  | BLOCK A: ( | COMPUTATION OI | BASE RA        | ATE FEES FOR EAG     | CH SUBSCF     | RIBER GROUP      |        |                  |
|  |            | SUBSCRIBER GRO |                |                      |               | I 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               |
|  |            |                |                |                      |               |                  |        | Base Rate Fe     |
|  |            |                |                |                      |               |                  |        | and              |
|  |            |                |                |                      |               |                  |        | Syndicated       |
|  |            |                |                |                      |               |                  |        | Exclusivity      |
|  |            |                |                |                      |               |                  |        | Surcharge        |
|  |            |                |                |                      |               |                  |        | for              |
|  |            |                |                |                      |               |                  |        | Partially        |
|  |            |                | <mark></mark>  |                      | <mark></mark> |                  |        | Distant          |
|  |            |                | <mark>.</mark> |                      |               |                  | ·····  | Stations         |
|  |            |                | <mark></mark>  |                      | <mark></mark> |                  | ·····  |                  |
|  |            |                | <mark></mark>  |                      |               |                  |        |                  |
|  |            |                | <mark></mark>  |                      |               |                  | ·····  |                  |
|  |            |                | <mark></mark>  |                      |               |                  |        |                  |
|  |            |                | <mark></mark>  |                      |               |                  |        |                  |
| T. I. I. D. O. F.                                  |            |                | 0.00           | T. I. I. DOF         |               | 11               | 0.00   |                  |
| 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 F                                      | IFTY-FIFTH | SUBSCRIBER GRO | UP             | ONE HUNDRED          | FIFTY-SIXTH   | I SUBSCRIBER GRO | UP     |                  |
| COMMUNITY/ AREA                                    |            |                | 0              | COMMUNITY/ ARE       |               |                  | 0      |                  |
| CALL SIGN  | DSE        | CALL SIGN      | DSE            | CALL SIGN            | DSE           | CALL SIGN        | DSE    |                  |
|  |            |                |                |                      |               |                  |        |                  |
|  |            |                | <mark></mark>  |                      |               |                  |        |                  |
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|  |            |                | <mark></mark>  |                      | <mark></mark> |                  | ·····  |                  |
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|  |            |                | <mark>.</mark> |                      |               |                  |        |                  |
|  |            |                |                |                      |               |                  |        |                  |
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|  |            | ]              |                |                      |               |                  |        |                  |
|  |            |                |                |                      |               |                  |        |                  |
|  |            |                | <mark></mark>  |                      |               |                  |        |                  |
|  |            |                |                |                      |               |                  |        |                  |
| Total DSEs 0.00                                    |            | 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    | irth Group    | \$               | 0.00   |                  |
| <b>Base Rate Fee:</b> Add<br>Enter here and in blo |            |                | criber group   | as shown in the boxe | es above.     | \$               |        |                  |

## FORM SA3E. PAGE 19.

| LEGAL NAME OF OWN<br>CABLE ONE, INC                        |              | E SYSTEM:             | -            |                      |               | S                              | O06545 | Name              |
|--|--------------|-----------------------|--------------|----------------------|---------------|--------------------------------|--------|-------------------|
|  |              |                       |              |                      |               | IBER GROUP<br>SUBSCRIBER GROUI | P      |                   |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA |              | COMMUNITY/ ARE/       |              |                      | 0             | 9<br>Computation               |        |                   |
| CALL SIGN  | DSE          | CALL SIGN             | DSE          | CALL SIGN            | DSE           | CALL SIGN                      | DSE    | of                |
|  |              |                       |              |                      |               |                                |        | Base Rate Fee     |
|  |              |                       |              |                      |               |                                |        | and<br>Syndicated |
|  |              |                       |              |                      |               |                                |        | Exclusivity       |
|  |              |                       |              |                      |               |                                |        | Surcharge<br>for  |
|  |              | -                     |              |                      |               |                                |        | Partially         |
|  |              |                       |              |                      |               |                                |        | Distant           |
|  |              |                       |              |                      |               |                                |        | 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  | Group        | \$                    | 0.00         | Base Rate Fee Seco   | ond Group     | \$                             | 0.00   |                   |
| ONE HUNDRED FI   | FTY-NINTH    | SUBSCRIBER GROU       | JP           | ONE HUNDRE           | ED SIXTIETH   | SUBSCRIBER GRO                 | UP     |                   |
| COMMUNITY/ AREA  |              |                       | 0            | 0 COMMUNITY/ AREA    |               |                                | 0      |                   |
| CALL SIGN  | DSE          | CALL SIGN             | DSE          | CALL SIGN            | DSE           | CALL SIGN                      | DSE    |                   |
|  |              |                       |              |                      |               |                                |        |                   |
|  |              |                       |              |                      |               | -                              |        |                   |
|  |              |                       |              |                      |               |                                |        |                   |
|  |              |                       |              |                      |               |                                |        |                   |
|  |              |                       |              |                      |               |                                |        |                   |
|  |              |                       |              |                      |               |                                |        |                   |
|  |              | -                     |              |                      |               |                                |        |                   |
|  | ····         |                       |              |                      | <mark></mark> |                                |        |                   |
|  |              | -                     |              |                      |               |                                |        |                   |
|  |              |                       |              |                      |               |                                |        |                   |
| Tatal DOS  |              |                       | 0.00         | Tetel DOC            |               |                                | 0.00   |                   |
| Total DSEs   | 0            |                       | 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 Four   | rth Group     | \$                             | 0.00   |                   |
| Base Rate Fee: Add   | the base rat | e fees for each subso | criber group | as shown in the boxe | s above.      |                                |        |                   |
| Enter here and in blo                                      |              |                       |              |                      |               | \$                             |        |                   |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006545  |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | 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 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 3</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of E</li> </ul> | zero.  |
| Partially<br>Distant<br>Stations              | Step 4: Compute the surcharge for each subscriber group using the form<br>schedule. In making this computation, use gross receipts figure<br>your actual calculations on this form.  |  |
|   | FIRST SUBSCRIBER GROUP   | SECOND SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<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 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 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>006545   |
|---|--|---|
|   | 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 market<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 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> | 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   |   |
|   | 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 SURCHARGE 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<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: Enter the Exempt DSEs<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>)   |
|   |  |   |
|   |  |   |

| 9       BLOCK B. COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP         0       If your cable system is located within a top 10 television market and the station is not exempt in Part 7, you mustates compute a syndicated kindmagine 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.         □       □       □         Base Rate For Base Rate Rate Rate Rate Rate Rate Rate Rat   | Name                                   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006545  |
|---|--|---|--|
| Y       Syndicated Exclusivity Surcharge. Includate 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:         Second 50 major television market       Second 50 major television market         Normalities       First 50 major television market         Surcharge       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations that were dassified as Exampl DSEs in block C, part 7 of this schedule. In marking for each subscriber group ing the formal outlined in block 0 of a of 7 part 7 of this schedule. In marking this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.         NINTH SUBSCRIBER GROUP       TENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge computation.         SNDICATED EXCLUSIVITY       SURCHARGE         First Group       Subject to the surcharge computation.         SNDICATED EXCLUSIVITY       SURCHARGE         First Group       Subject to the surcharge computation         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge computation       SYNDICATED EXCLUSIVITY         SURCHARGE       First Group       Second Group         Line 1: Enter the VHF DS  |  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVI  | TY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| of<br>Base Rate For<br>Base Rate For<br>Base Rate For<br>Structury  | 9                                      | Syndicated Exclusivity Surcharge. Indicate which major television market a  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for       Step 1: In line 1, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as<br>Exclusivity<br>Surcharge<br>for         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<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Step 3: In line 3, subtract line 2 from line 1.<br>This is the total number of DSEs used to compute the surcharge.         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<br>schedule. In maining this computation, use gross receipts figures applicable to the particular group. You do not need to show<br>your actual calculations on this form.         NINTH SUBSCRIBER GROUP       TENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs or<br>this subscriber group<br>subject to the surcharge<br>computation       Line 1: Enter the Zeron line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge       SYNDICATED EXCLUSIVITY<br>SURCHARGE         ELEVENTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP       SYNDICATED EXCLUSIVITY<br>SURCHARGE         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs       Line 2: Enter the Exempt DSEs.         Line 2: 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 1: Enter the VHF DSEs | -                                      | First 50 major television market  | Second 50 major television market  |
| Syndicated Exclusivity       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.         Step 3: In line 2, give the total number of DSEs used to compute the surcharge.         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.         NINTH SUBSCRIBER GROUP       TENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs or this subacriber group subject to the surcharge computation   |  |   | V/HE Grade B contour stations listed in block A part 9 of  |
| 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<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show<br>your actual calculations on this form.         NINTH SUBSCRIBER GROUP       TENTH 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   | 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 th<br>Exempt DSEs in block C, part 7 of this schedule. If none enter ze | e VHF Grade B contour stations that were classified as ro.   |
| 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         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation   | Partially<br>Distant                   | Step 4: Compute the surcharge for each subscriber group using the formus chedule. In making this computation, use gross receipts figures                                  | ula outlined in block D, section 3 or 4 of part 7 of this  |
| 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         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation   |  | NINTH SUBSCRIBER GROUP  | TENTH SUBSCRIBER GROUP   |
| 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  |  |   |  |
| 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge 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        | 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 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       SYNDICATED EXCLUSIVITY         SURCHARGE       Line 2: Enter the Exempt DSEs.  |  | ELEVENTH SUBSCRIBER GROUP   | TWELVTH SUBSCRIBER GROUP   |
| 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       this subscriber group         subject to the surcharge       subject to the surcharge         computation       -         SYNDICATED EXCLUSIVITY       SURCHARGE   |  |   |  |
| SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE 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                       | 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                |
|   |  | SURCHARGE   |  |
| 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)  |  | 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)                                    | subscriber group as shown  |
|   |  |   |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#<br>006545  |
|---|---|
|   |   |
| 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   |
| <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercing 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 I</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> | 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  |
| THIRTEENTH SUBSCRIBER GROUP   | FOURTEENTH SUBSCRIBER 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>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  |
| FIFTEENTH SUBSCRIBER GROUP  | SIXTEENTH SUBSCRIBER GROUP  |
| Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<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 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<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 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)  |   |
|   | CABLE ONE, INC.         BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI         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: |

| Name                                    |   | FORM SA3E, PAGE 20.<br>SYSTEM ID#  |
|---|---|--|
|   |   |  |
| 9                                       | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI<br>If your cable system is located within a top 100 television market and the<br>Syndicated Exclusivity Surcharge. Indicate which major television market  | station 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:  | 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 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 I</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> | mula outlined in block D, section 3 or 4 of part 7 of this   |
|   | SEVENTEENTH SUBSCRIBER GROUP  | EIGHTEENTH 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: Ender the Exchapt Bolds   | 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 each 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#   |
|---|---|---|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVI  |   |
| 9                                       | If your cable system is located within a top 100 television market and the st.<br>Syndicated Exclusivity Surcharge. Indicate which major television market and by section 76.5 of FCC rules in effect on June 24, 1981:   | ation is not exempt in Part 7, you mustalso compute a   |
| Computation<br>of                       |   | 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 \  | /HF 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 Exempt DSEs in block C, part 7 of this schedule. If none enter zer</li> </ul>   | 0.  |
| 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 DSI</li> <li>Step 4: Compute the surcharge for each subscriber group using the formus schedule. In making this computation, use gross receipts figures a your actual calculations on this form.</li> </ul> | la outlined in block D, section 3 or 4 of part 7 of this  |
|   | TWENTY-FIRST SUBSCRIBER GROUP   | TWENTY-SECOND SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | ine 1: Enter the VHF DSEs   |
|   |   | ine 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   | 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  |
|   | First Group   | Second Group \$   |
|   | Line 2: Enter the Exempt DSEs   | TWENTY-FOURTH SUBSCRIBER GROUP         .ine 1: Enter the VHF DSEs         .ine 2: Enter the Exempt DSEs         .ine 3: Subtract line 2 from line 1         .ine 4: Subtract line 2 from line 1         .ine 4: Subtract line 2 from line 1         .ine 5: Subtract line 2 from line 1 |
|   | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
|   |   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each s<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>006545   |
|--|---|--|
|  | 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:   |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercive 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 I</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> | r 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 |
| Stations   | your actual calculations on this form.  |  |
|  | 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 SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE 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 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.  | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006545   |
|---|--|---|
|   | 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      | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercia this schedule.   | al 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 2   | 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 D</li> <li>Step 4: Compute the surcharge for each subscriber group using the forr 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  |
|   | 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 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   |
|   | THIRTY-FIRST SUBSCRIBER GROUP  | THIRTY-SECOND SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSES<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: Enter the Exempt DSEs<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 eacl<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>006545  |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVI   | TY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and the st.<br>Syndicated Exclusivity Surcharge. Indicate which major television market and<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 \   | /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 zer</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSI</li> </ul> | e VHF Grade B contour stations that were classified as<br>o.   |
| Partially<br>Distant<br>Stations              | Step 4: Compute the surcharge for each subscriber group using the formus schedule. In making this computation, use gross receipts figures a your actual calculations on this form.   |  |
|   | THIRTY-THIRD SUBSCRIBER GROUP  | THIRTY-FOURTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | ine 1: Enter the VHF DSEs  |
|   |  | ine 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 |
|   |  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   | THIRTY-FIFTH SUBSCRIBER GROUP  | THIRTY-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 |
|   |  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each s in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | subscriber group as shown  |
|   |  |  |
|   |  |  |

| Name                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006545  |
|----------------------------------|---|--|
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  |  |
| 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<br>of                | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee                    |   |  |
| and<br>Syndicated<br>Exclusivity | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercities schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Encoded and DSEs by subscriber group for the schedule.</li> </ul>  | 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<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number of I   |  |
| 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. |  |
|                                  | 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<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  |
|                                  | THIRTY-NINTH SUBSCRIBER GROUP   | FORTIETH 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 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#<br>006545   |
|---|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  |  |
| 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<br>of                             | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee                                 | INSTRUCTIONS:   |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercithis 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>                              | the VHF 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 I</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> | rmula outlined in block D, section 3 or 4 of part 7 of this  |
|   | FORTY-FIRST SUBSCRIBER GROUP  | FORTY-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<br>SURCHARGE<br>Second Group  |
|   | FORTY-THIRD SUBSCRIBER GROUP  | FORTY-FOURTH 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 ead<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>006545  |
|--|--|--|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVE   |  |
| <b>9</b><br>Computation<br>of  | If your cable system is located within a top 100 television market and the s<br>Syndicated Exclusivity Surcharge. Indicate which major television market a<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | tation is not exempt in Part 7, you mustalso compute a   |
| Base Rate Fee  |  |  |
| 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> |  |
|  | FORTY-FIFTH SUBSCRIBER GROUP   | FORTY-SIXTH SUBSCRIBER GROUP   |
|  |  |  |
|  |  | 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 |
|  | FORTY-SEVENTH SUBSCRIBER GROUP   | FORTY-EIGHTH SUBSCRIBER GROUP  |
|  | Line 2: Enter the Exempt DSEs  | Line 1: Enter the VHF DSEs   |
|  |  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each<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>006545   |
|---|---|---|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SU   | RCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9                                       | 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 portion<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of                       | First 50 major television market  | 50 major television market  |
| Base Rate Fee                           | INSTRUCTIONS:   |   |
| and<br>Syndicated                       | Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Gra<br>this schedule.   | ade 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 the VHF C<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</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlin schedule. In making this computation, use gross receipts figures applicate your actual calculations on this form.</li> </ul> | ned in block D, section 3 or 4 of part 7 of this  |
|   | FORTY-NINTH SUBSCRIBER GROUP  | FIFTIETH SUBSCRIBER GROUP   |
|   |   |   |
|   |   | Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1       Line 3:         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation   | Enter the Exempt DSEs 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 |
|   | 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: Add the surcharge for each subscrib<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  | er group as shown   |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006545                   |
|---|---|---|
|   |   | 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:  | e 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                           | INSTRUCTIONS:   |   |
| 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  | 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 fo</li> <li>schedule. In making this computation, use gross receipts figur</li> <li>your actual calculations on this form.</li> </ul> | · ·   |
|   |   |   |
|   | FIFTY-THIRD SUBSCRIBER GROUP  | FIFTY-FOURTH 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   | 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  |
|   | FIFTY-FIFTH SUBSCRIBER GROUP  | FIFTY-SIXTH SUBSCRIBER GROUP                                  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                                    |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                 |
|   | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                           |
|   | and enter here. This is the   | and enter here. This is the                                   |
|   | total number of DSEs for<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<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  |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006545  |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   |  |
| 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<br>of                       | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee                           |  |  |
| 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.<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 1   | 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<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-NINTH SUBSCRIBER GROUP   | SIXTIETH 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 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#<br>006545   |
|---|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | VITY 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 marke<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.<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 E</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> | mula outlined in block D, section 3 or 4 of part 7 of this   |
|   | SIXTY-FIRST SUBSCRIBER GROUP  | SIXTY-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  |
|   | SIXTY-THIRD SUBSCRIBER GROUP  | SIXTY-FOURTH 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.   | SYSTEM ID#<br>006545   |
|--|---|--|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV   |  |
| 9<br>Computation<br>of<br>Base Rate Fee<br>and             | 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:<br>First 50 major television market<br>INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercia | station is not exempt in Part 7, you mustalso compute a<br>any portion of your cable system is located in as defined<br>Second 50 major television market  |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially | <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 a Step 3: In line 3, subtract line 2 from line 1. This is the total number of D Step 4: Compute the surcharge for each subscriber group using the form</li> </ul>          | zero.<br>ISEs used to compute the surcharge.<br>nula 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.  | s applicable to the particular group. You do not need to show  |
|  | 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<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   |
|  | First Group   | Second Group   |
|  | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<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  | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<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 |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eacl<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>006545  |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SUR   | CHARGE FOR EACH SUBSCRIBER GROUP   |
| 9                                       | If your cable system is located within a top 100 television market and the station is n<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation                             | First 50 major television market   | i0 major television market   |
| of<br>Base Rate Fee                     | INSTRUCTIONS:  |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grad   | de 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 VHF Gr<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 if</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outline schedule. In making this computation, use gross receipts figures applicable your actual calculations on this form.</li> </ul> | ed in block D, section 3 or 4 of part 7 of this  |
|   | SIXTY-NINTH SUBSCRIBER GROUP   | SEVENTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | inter the VHF DSEs   |
|   |  | inter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1Line 3: Sand enter here. This is theatotal number of DSEs fortthis subscriber grouptsubject to the surchargescomputation  | ATED EXCLUSIVITY   |
|   | First Group \$   | econd Group  |
|   | SEVENTY-FIRST SUBSCRIBER GROUP   | SEVENTY-SECOND SUBSCRIBER GROUP  |
|   |  | inter 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  | Subtract line 2 from line 1<br>and enter here. This is the<br>otal number of DSEs for<br>his subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY SYNDICA<br>SURCHARGE SURCHA   | ATED EXCLUSIVITY   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscribe<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  | r group as shown   |
|   |  |  |
|   |  |  |

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | SYSTEM ID#<br>006545  |
|---|---|---|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  |   |
| 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<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 commerci   | 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 I</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> | mula outlined in block D, section 3 or 4 of part 7 of this  |
|   | SEVENTY-THIRD SUBSCRIBER GROUP  | SEVENTY-FOURTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the V/HE DSEe   |   |
|   | 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<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   |
|   | 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<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: Enter the Exempt DSEs<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 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.   | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006545  |
|---|---|--|
|   |   | 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<br>of                       | First 50 major television market  | Second 50 major television market  |
| 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  | <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> </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 fo</li> <li>schedule. In making this computation, use gross receipts figur</li> <li>your actual calculations on this form.</li> </ul> | mula outlined in block D, section 3 or 4 of part 7 of this                                     |
|   | SEVENTY-SEVENTH SUBSCRIBER GROUP  | SEVENTY-EIGHTH SUBSCRIBER GROUP  |
|   |   | SEVENTI-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<br>total number of DSEs for  |
|   | this subscriber group   | this subscriber group  |
|   | subject to the surcharge  | subject to the surcharge   |
|   | computation   | computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE 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  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for |
|   | this subscriber group   | this subscriber group  |
|   | subject to the surcharge  | subject to the surcharge   |
|   | computation   | computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE  | SYNDICATED EXCLUSIVITY 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  |  |
|   |   |  |
|   |   |  |

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006545   |
|--|--|---|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV  |   |
| <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:   | station is not exempt in Part 7, you mustalso compute a   |
| of   |  | 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<br>Partially | <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 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 forr</li> </ul> | the VHF Grade B contour stations that were classified as<br>zero.<br>SEs used to compute the surcharge.   |
| Distant<br>Stations  | schedule. In making this computation, use gross receipts figure your actual calculations on this form.   |   |
|  | EIGHTY-FIRST SUBSCRIBER GROUP  | EIGHTY-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>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group   |
|  | EIGHTY-THIRD SUBSCRIBER GROUP  | EIGHTY-FOURTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|  | Line 2: Einer the Exchipt DoEs 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: Einer 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)   |   |
|  |  |   |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E, PAGE 20.<br>SYSTEM ID#<br>006545  |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV  |  |
| 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<br>of                             | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee                                 | INSTRUCTIONS:  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <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 2</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 D</li> <li>Step 4: Compute the surcharge for each subscriber group using the forr 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-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<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  |
|   | EIGHTY-SEVENTH SUBSCRIBER GROUP  | EIGHTY-EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Einer 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   | Line 2: Einer the Exempt bolts   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each<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>006545 |
|---|---|---|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCR  | 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 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   | , 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 clase 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> | assified 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not your actual calculations on this form.</li> </ul>  |   |
|   | EIGHTY-NINTH SUBSCRIBER GROUP NINETIETH SUBSCRIBER G  | ROUP  |
|   | 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       Line 3: Subtract line 2 from line 1         and enter here. This is the       total number of DSEs for       total number of DSEs for         this subscriber group       subject to the surcharge       subject to the surcharge         computation                                   |   |
|   | SURCHARGE     SurcharGE       First Group     \$  |   |
|   | NINETY-FIRST SUBSCRIBER GROUP NINETY-SECOND SUBSCRIBE   | R 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.   | SYSTEM ID#<br>006545  |
|--|---|---|
|  |   | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| <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 commerc   | ial V/HE Crade B contour stations listed in block A part 0 of   |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>this schedule.</li> <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> <li>Step 4: Compute the surcharge for each subscriber group using the fo schedule. In making this computation, use gross receipts figure</li> </ul> | r the VHF Grade B contour stations that were classified as<br>zero.<br>DSEs used to compute the surcharge.<br>rmula outlined in block D, section 3 or 4 of part 7 of this |
| Stations   | your actual calculations on this form.  |   |
|  | NINETY-THIRD SUBSCRIBER GROUP   | NINETY-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<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-FIFTH SUBSCRIBER GROUP   | NINETY-SIXTH 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 ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  |   |
|  |   |   |

| Name   |  | EM ID#   |
|--|--|----------|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |          |
| 9<br>Computation<br>of<br>Base Rate Fee  | 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:   |          |
| 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> |          |
|  | NINETY-SEVENTH SUBSCRIBER GROUP NINETY-EIGHTH SUBSCRIBER GROUP   |          |
|  | Line 1: Enter the VHF DSEs   |          |
|  | Line 1: Enter the VHP DSES       Line 1: Enter the VHP 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         computation       -         SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       second Group         First 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 1: Enter the Exempt DSEs .         Line 3: Subtract line 2 from line 1       and enter here. This is the                      | <u> </u> |
|  | total number of DSEs for       total number of DSEs for         this subscriber group       subject to the surcharge         computation   |          |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |          |

| N  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|--|---|--|
| Name   | CABLE ONE, INC.   | 006545   |
|  | 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                                    | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee  | INSTRUCTIONS:   |  |
| and<br>Syndicated<br>Exclusivity                     | Step 1:         In line 1, give the total DSEs by subscriber group for commerce this schedule.           Step 2:         In line 2, give the total number of DSEs by subscriber group for   | r the VHF Grade B contour stations that were classified as   |
| Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>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> <li>Step 4: Compute the surcharge for each subscriber group using the fo</li> <li>schedule. In making this computation, use gross receipts figur</li> <li>your actual calculations on this form.</li> </ul> | DSEs used to compute the surcharge.  |
|  | ONE HUNDERED FIRST SUBSCRIBER GROUP   | ONE HUNDERED SECOND SUBSCRIBER GROUP   |
|  |   |  |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1   | 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  | 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 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<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 ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  |  |
|  |   |  |
|  |   |  |

| Next                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#                                  |  |
|---|--|--|--|
| Name                                    | CABLE ONE, INC.  | 006545   |  |
|   | 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                     | INSTRUCTIONS:  |  |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for commen  | cial 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   | 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 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> |  |  |
|   | ONE HUNDRED FIFTH SUBSCRIBER GROUP   | ONE HUNDRED SIXTH SUBSCRIBER GROUP                                 |  |
|   | Ling 1: Enter the V/HE DSEe  | Line 1: Enter the V/HE DSEs  |  |
|   | 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  | 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   |  |
|   | SURCHARGE<br>First Group   | Second Group   |  |
|   | ONE HUNDRED SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED 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 total number of DSEs for   | and enter here. This is the<br>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  | 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   |  |  |
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|   |  | 006545   |
|---|--|--|
|   | BLOCK B' COMPUTATION OF SYNDICATED FXCLUS  | VITY 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:   | e station is not exempt in Part 7, you mustalso compute a  |
| Computation<br>of                             |  | 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 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> | 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 schedule. In making this computation, use gross receipts figur your actual calculations on this form.  |  |
| -   | ONE HUNDRED NINTH SUBSCRIBER GROUP   | ONE HUNDRED TENTH 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 ELEVENTH SUBSCRIBER GROUP  | ONE HUNDRED TWELVTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exchript Does 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 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 ead<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.   | 006545   |  |
|   | 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 Syndicated Exclusivity Surcharge. Indicate which major television marked 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 commerce   | ial 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<br>line 2 is a backtering of the 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</li> <li>schedule. In making this computation, use gross receipts figure</li> <li>your actual calculations on this form.</li> </ul> |  |  |
|   | ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP   | ONE HUNDRED FOURTEENTH 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 SURCHARGE Second Group  |  |
|   | ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP  | ONE HUNDRED SIXTEENTH 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  | 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.<br>SYSTEM ID#   |  |
|---|--|---|--|
| Name  | CABLE ONE, INC.  | 006545  |  |
|   | 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 marked<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   | 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<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              | Step 4: Compute the surcharge for each subscriber group using the for  |   |  |
|   | 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<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 SURCHARGE 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<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 Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE 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   |   |  |
|   |  |   |  |
|   |  |   |  |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|---|---|--|
| Name                                    | CABLE ONE, INC.   | 006545   |
|   | 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                       | 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 commerc  | 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 fo Exempt DSEs in block C, part 7 of this schedule. If none enter</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</li> <li>Step 4: Compute the surcharge for each subscriber group using the fo</li> <li>schedule. In making this computation, use gross receipts figur</li> <li>your actual calculations on this form.</li> </ul> |  |
|   | 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<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  |
|   | 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<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 ea<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>006545  |
|---|--|---|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV  | ITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9                                       | If your cable system is located within a top 100 television market and the s<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                       | First 50 major television market   | Second 50 major television market   |
| Base Rate Fee                           | INSTRUCTIONS:  |   |
| and<br>Sundiasted                       | 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 t<br>Exempt DSEs in block C, part 7 of this schedule. If none enter z<br>the line 2, subtract line 2 for line 4. This is that the number of D   | ero.  |
| 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 DS</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> | nula outlined in block D, section 3 or 4 of part 7 of this                                      |
|   | 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 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 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   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total purpher of DSEs for |
|   | this subscriber group  | total number of DSEs for<br>this subscriber group   |
|   | subject to the surcharge   | subject to the surcharge  |
|   |  | computation   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE  |
|   | Third Group  | 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).  |   |
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|   |  |   |
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| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. 006545  |  |
|--|---|--|
|  | 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<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | 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<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Step 3:       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         y       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<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show |  |
|  | ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP ONE HUNDRED THIRTIETH SUBSCRIBER GROUP  |  |
|  |   |  |
|  | Line 1: Enter the VHF 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  |  |
|  | SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       SURCHARGE         First 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 1:       Ender the Exempt Bold in         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         subject to the surcharge       subject to the surcharge         computation  |  |
|  | 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)  |  |
|  |   |  |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.<br>SYSTEM ID#   |  |
|---|---|---|--|
| Name  | CABLE ONE, INC.   | 006545  |  |
|   | 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                             | First 50 major television market  | Second 50 major television market   |  |
| Base Rate Fee                                 | INSTRUCTIONS:   |   |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerci 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>                             | the VHF 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 I</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> | DSEs used to compute the surcharge.<br>mula outlined in block D, section 3 or 4 of part 7 of this |  |
|   | ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED THIRTY-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<br>this subscriber group   | total number of DSEs for<br>this subscriber group   |  |
|   | subject to the surcharge  | subject to the surcharge  |  |
|   | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |  |
|   | SURCHARGE<br>First Group  | SURCHARGE<br>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<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   | this subscriber group   |  |
|   | subject to the surcharge<br>computation   | subject to the surcharge<br>computation   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE  | SYNDICATED EXCLUSIVITY<br>SURCHARGE   |  |
|   | Third Group   | 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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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |  |
|---|--|--|--|
| Name                                    | CABLE ONE, INC.  | 006545   |  |
|   | 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 s<br>Syndicated Exclusivity Surcharge. Indicate which major television market a<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>Sundiasted                       | 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.         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  | ero.   |  |
| 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 DS</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> | nula outlined in block D, section 3 or 4 of part 7 of this   |  |
|   | 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<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 SURCHARGE 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 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).  |  |  |
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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.  |  |
|---|---|--|--|
| Name                                    | CABLE ONE, INC.   | 006545   |  |
|   | 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 mark<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 commerce   | ial 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   | r 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</li> <li>schedule. In making this computation, use gross receipts figure</li> <li>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 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   |  |  |
|   | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |  |
|   | SURCHARGE<br>First Group  | SURCHARGE<br>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                                |  |
|   | 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<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:  | SYSTEM ID#   |  |
|---|---|--|--|
| Name                                    | CABLE ONE, INC.   | 006545   |  |
|   | 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 marked<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>Sundiasted                       | 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  | 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</li> <li>Step 4: Compute the surcharge for each subscriber group using the for</li> <li>schedule. In making this computation, use gross receipts figure</li> <li>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  | 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<br>First Group  | SURCHARGE<br>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   | Line 3: Subtract line 2 from line 1                                |  |
|   | and enter here. This is the 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  | 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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| 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:                                  | <b>)06545</b><br>P |
|---|--------------------|
| 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:  | P                  |
| 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   |                    |
| of     Image: First 50 major television market       Base Rate Fee     INSTRUCTIONS:  |                    |
| and 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.  |                    |
| Exclusivity<br>SurchargeStep 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.   |                    |
| for<br>Partially<br>Distant<br>StationsStep 3:In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.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<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show<br>your actual calculations on this form. |                    |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH SUBSCRIBER GROUP  |                    |
| Line 1: Enter the VHF DSEs  |                    |
| 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>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  | _                  |
| SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       SURCHARGE         First Group       \$  |                    |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP  | )<br>)             |
| 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>   | _                  |
| SYNDICATED EXCLUSIVITY     SYNDICATED EXCLUSIVITY       SURCHARGE     SURCHARGE       Third Group     \$  |                    |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown<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.   | 006545   |  |
|   | 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 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                           | INSTRUCTIONS:   |  |  |
| and<br>Syndicated                       | Step 1: In line 1, give the total DSEs by subscriber group for commerce   | cial 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>   |  |  |
| 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</li> <li>schedule. In making this computation, use gross receipts figure</li> <li>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  | 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  |  |
|   | ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP  | ONE HUNDRED FIFTY-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 SURCHARGE 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  |  |  |
|   |   |  |  |
|   |   |  |  |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |  |
|---|---|--|--|
| Name                                    | CABLE ONE, INC.   | 006545   |  |
|   | 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<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  | <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 Step 3: In line 3, subtract line 2 from line 1. This is the total number of the schedule.</li> </ul> | er zero.   |  |
| for<br>Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the for   |  |  |
|   | 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   | 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 ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |  |
|   |   |  |  |