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

Obeside     006839       3015 S SE LOOP 323 TYLER, TX 75701       C     Instructions: In line 1, give any business or trade names used to identify the business and operation of the system unless to names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B       System     1       IPENTIFICATION OF CABLE SYSTEM: GREENWOOD, CITY OF       Mailung Address OF CABLE SYSTEM: 2     1       Vinitier, street, tural route, spattment, or solle number)       Vity, town, state, zep code)       D       Area Served First Community       GREENWOOD, CITY OF       MS       Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)       Sample       Alda Alliance GREIN       Alda Alliance GREIN       Alda Alliance GREIN       Sample	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
B         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           List any other name or names under which the owner conducts the business of the cable system.         If the executing period should submit a single statement of account and royally fee payment covering the entire accounting period.					2017/2	-		
CEQUEL COMMUNICATIONS LLC SUDDENLINK COMMUNICATIONS         O06839         006839         3015 S SE LOOP 323 TYLER, TX 75701         Research         NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless to names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B         1       DENTFICATION OF CABLE SYSTEM: GREENWOOD, CITY OF         2       Number, street, numerous, apartment, or submotion         City (vow, state, 20 pool)       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page with all communities.         Community       Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)         Sample       Aida Alliance Alida       MD AD         Aida Alliance Being       MD         Aida Alliance Being       MD         Aida       MD         Alida       MD         Alida       MD	006839	·	n e accounting period should	business of the cable syste e owner on the last day of t ire accounting perioo	Give the full legal name of the owner of the cable system. rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner cond If there were different owners during the accounting period a single statement of account and royalty fee payment covering			
SUDDENLINK COMMUNICATIONS       006839         006839       006839         3015 S SE LOOP 323 TYLER, TX 75701       006839         NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless th names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B         1       DENTIFICATION OF CABLE SYSTEM: GREENWOOD, CITY OF         2       Number, street, truar cour, apartment, or sube number)         City, form, stame, upprotein       City ORT TOWN         Served Served       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page with all communities.         Community       GREENWOOD, CITY OF         Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)       STATE         Sample       Aida       MD       A         Aida       MD       B       2		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
O06839       3015 S SE LOOP 323 TYLER, TX 75701       C System     INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B       1     IDENTIFICATION OF CABLE SYSTEM: GREENWOOD, CITY OF       2     Mailung address of cable system: City town, state, space(c)       2     Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page with all communities.       3     GREENWOOD, CITY OF       Mailung Address of reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)       Sample     Alda Alliance Gring					CEQUEL COMMUNICATIONS LLC			
006839       3015 S SE LOOP 323 TYLER, TX 75701       C       System       1       DENTIFICATION of CABLE SYSTEM: GREENWOOD, CITY OF       2       Number: street: turarroute: spaceB.       2       Number: street: turarroute: spaceB.       2       Number: street: turarroute: spaceB.       3       3       3       3       3       4       3       4       4       5       5       5       6       6       6       7       7       7       7       8       7       9       9       10        10       10<					SUDDENLINK COMMUNICATIONS			
System       3015 S SE LOOP 323 TYLER, TX 75701         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless to names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B         System       1       DENTIFICATION OF CABLE SYSTEM: GREENWOOD, CITY OF         2       MAILING ADDRESS OF CABLE SYSTEM: (City: town, state, spicose)       2         Number: street: stre	920172	006839						
TYLER, TX 75701         C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1       IDENTIFICATION OF CABLE SYSTEM: GREENWOOD, CITY OF         AILING ADDRESS OF CABLE SYSTEM:       2       (Number, street, rural route, apartment, or sulle number)         (City, town, state, app code)       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page with all communities.         Community       GREENWOOD, CITY OF       MS         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)       STATE       CH LINE UP       SUB 0         Sample       Ala       MD       A       CH	2017/2	006839						
TYLER, TX 75701         C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1       IDENTIFICATION OF CABLE SYSTEM: GREENWOOD, CITY OF         MAILING ADDRESS OF CABLE SYSTEM:       2       (Number, street, rural route, apartment, or suite number)         (City, town, state, app code)       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page with all communities.         Community       GREENWOOD, CITY OF       MS         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)       STATE       CHLINE UP       SUB 0         Sample       Ala       MD       A       CHLINE UP       SUB 0         Alliance       MD       B       2         Gering       MD       B       2								
C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E         System       1       DENTIFICATION OF CABLE SYSTEM: GREENWOOD, CITY OF         MAILING ADDRESS OF CABLE SYSTEM:       2         INNEW:       2         INTRUCTIONS: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page with all communities.         CITY OR TOWN       STATE         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Alda         Alliance       MD         Gering       MD					3015 S SE LOOP 323			
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 B.         System       1       IDENTIFICATION OF CABLE SYSTEM: GREENWOOD, CITY OF         MAILING ADDRESS OF CABLE SYSTEM:       2         Vituation of complete space D instructions, see page 1b. Identify only the frst community served below and relist on page with all communities.         City OR TOWN       STATE         First Community       GREENWOOD, CITY OF         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Atlaa       MD       A         Allaa       MD       B       2					TYLER, TX 75701			
1       GREENWOOD, CITY OF         MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)         (City, town, state, zip code)         D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page         Area       with all communities.         Served       CITY OR TOWN         First       GREENWOOD, CITY OF         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Alda         Alda       MD         Alliance       MD         Gering       MD			. ,	3		С		
MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, nural route, apartment, or suite number)         (City, town, state, zip code)         D       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       GREENWOOD, CITY OF         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Alda         Alda       MD         Alliance       MD         Gering       MD					IDENTIFICATION OF CABLE SYSTEM:	System		
2       (Number, street, nural route, apartment, or suite number)         (City, town, state, zip code)         Area         Served         First         COmmunity         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)         Sample         Alda         Alliance         Gering         MD         MD         MD         MD         Below					<sup>1</sup> GREENWOOD, CITY OF			
D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page with all communities.         Area       With all communities.         Served       CITY OR TOWN       STATE         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)       STATE       CH LINE UP       SUB O         Sample       Alda       MD       A       CH         Aliance       MD       B       Z         Gering       MD       B       Z					MAILING ADDRESS OF CABLE SYSTEM:			
D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page with all communities.         Area       With all communities.         Served       CITY OR TOWN       STATE         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)       STATE       CH LINE UP       SUB O         Sample       Alda       MD       A       CH         Alda       MD       B       CH         Alliance       MD       B       CH         Gering       MD       B       CH					2 (Number, etract, pure) raute, apartment, or quite number)			
D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page with all communities.         Area       with all communities.         Served       CITY OR TOWN       STATE         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)       STATE       CH LINE UP       SUB C         Sample       Alda       MD       A       CH         Gering       MD       B       C								
Area Served       with all communities.         First Community       GREENWOOD, CITY OF       MS         Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)       STATE       CH LINE UP       SUB C         Sample       Alda       MD       A       A         Gering       MD       B       2         Gering       MD       B       2					(City, town, state, zip code)			
Served     CITY OR TOWN     STATE       First     GREENWOOD, CITY OF     MS       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.     CITY OR TOWN (SAMPLE)       Sample     Alda     MD     A       Alliance     MD     B     2       Gering     MD     B     3	: 1b	relist on page	unity served below and r	dentify only the frst comn	Instructions: For complete space D instructions, see page	D		
First Community     GREENWOOD, CITY OF     MS       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.     CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB of Allance       Allance     MD     A     C       Gering     MD     B     C					with all communities.	Area		
Community     Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB (CH LINE UP)       Alda     MD     A       Alliance     MD     B     CH LINE       Gering     MD     B     CH LINE	·	·		STATE	CITY OR TOWN	Served		
Sample     Sample     State     CH LINE UP     SUB       Alda     MD     A     4       Alliance     MD     B     2       Gering     MD     B     3				MS	GREENWOOD, CITY OF	First		
SampleAldaMDAAllianceMDB2GeringMDB3			ace G.	ole channel line-ups in S	Below is a sample for reporting communities if you repo	Community		
Sample     MD     B     2       Alliance     MD     B     2       Gering     MD     B     3	GRP#	SUB	CH LINE UP	STATE	CITY OR TOWN (SAMPLE)			
Alliance     MD     B     2       Gering     MD     B     3	1	1	Α	MD	Alda	Sample		
	2				Alliance			
	3		В	MD	Gering			
Privacy Act Nation Social 11 of title 17 of the United States Code authorizes the Convisit Office to collect the necessarily identifying information (DI)		on th	a information (DII) requested -	a collect the personally identified	Section 111 of title 17 of the United States Code sutherings the Committee			
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone						-		

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/28/2018

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
CEQUEL COMMUNICATIONS LLC			006839				
<b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.							
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).							
When reporting the carriage of television broadcast stations on a community-by-commuchannel 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#	-			
GREENWOOD, CITY OF	MS			First			
CARROLL, COUNTY OF	MS			Community			
	MS						
LEFLORE, COUNTY OF	MS						
MOORHEAD, CITY OF	MS						
SIDON, TOWN OF SUNFLOWER, COUNTY OF	MS			See instructions for additional information			
SUNFLOWER, COUNTY OF	MS			on alphabetization.			
				Add rows as necessary.			


												3E. PAGE
Name	LEGAL NAME OF OWNER OF CABL											
		FIONS LLC									(	00683
					A T	<b>F</b> 0						
E	SECONDARY TRANSMISSION In General: The information in s						v transmission	service	of th	e cable		
	system, that is, the retransmission	•		•								
Secondary		about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission	last day of the accounting period											
Service: Sub-		blocks in space E call for the number of subscribers to the cable system, broken transmission service. In general, you can compute the number of subscribers in										
scribers and												
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).											
	<b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the											
	unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate											
	category, but do not include discounts allowed for advance payment.											
	Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable											
	systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category											
	that applies to your system. Not											
	categories, that person or entity						•		•			
		subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(e)."										
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those											
	printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together											
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is											
	sufficient.											
	BLO	DCK 1						BL	OCk			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE		САТ	EGORY OF SE			NO. OF SUBSCRIBERS		RATE
	Residential:	SUBSCRIB	ERO	NAIL		CAIL	_00KT 01 31			SUBSCRIBERS	,	NAIL
			4 472	¢ 20.05								
	Service to first set		4,473									
	Service to additional set(s)		3,972	0								
	• FM radio (if separate rate)											
	Motel, hotel		505	<b>* •</b> • • • • • • • • • • • • • • • • •								
	Commercial		505	\$ 36.98								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC In General: Space F calls for rate	-			-	act to al		etom's	conviv	cos that wore		
F	not covered in space E, that is, t	•	,									
	service for a single fee. There ar											
Services	furnished at cost or (2) services	or facilities furr	nished t	o nonsubscribe	ers.	Rate in	formation sho	uld inclu	ide bo	oth the		
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	ates	s are ch	arged on a va	riable pe	er-pro	ogram basis,		
Secondary	enter only the letters "PP" in the				1-	- 6 41						
Fransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not											
Rates	listed in block 1 and for which a					-	-					
	brief (two- or three-word) descrip							111000	1 110			
		BLO			<u></u>	05			-001	BLOCK 2		
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res			RATE	CAT	EGOI	RY OF SERVIC	E	RATE
	• Pay cable	\$ 17.00		otel, hotel	siue	entiai						
	• Pay cable—add'l channel	\$ 17.00 \$ 19.00		mmercial								
		ş 19.00						•				
	Fire protection			y cable	h a 14	mal						
	•Burglar protection			y cable-add'l ch	nan	iilei						
	Installation: Residential	¢ 40.00		e protection								
	• First set	\$ 40.00		rglar protection	1							
	Additional set(s)	\$ 25.00		services:								
	• FM radio (if separate rate)			connect			\$ 40.00					
	Converter			sconnect								
				itlet relocation			\$ 25.00					
			• Mc	ove to new addr	ress	S	\$ 40.00					
	1	1										

FORM SA3E. PAGE 3.										
					SYSTEM ID#	Namo				
CEQUEL COM					006839	, 				
PRIMARY TRANSMITTE	RS: TELEVISIO	ON								
•		·	· ·		and low power television stations) d only on a part-time basis under	G				
		-			ain network programs [sections					
			•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary				
substitute program bas Substitute Basis S	Transmitters Television									
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.									
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located</li> </ul>										
in the paper SA3 for Column 1: List eac		sian. Do not r	report origination	n program service	s such as HBO, ESPN, etc. Identify					
		•			tion. For example, report multi-					
	-2". Simulcast	streams must	be reported in o	column 1 (list each	n stream separately; for example					
WETA-simulcast). Column 2: Give the	channel num	per the FCC h	has assigned to	the television stati	on for broadcasting over-the-air in					
	•		annel 4 in Wash	ington, D.C. This	may be different from the channel					
on which your cable sy Column 3: Indicate			tation is a netwo	rk station, an inde	pendent station, or a noncommercial					
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (	for network multic	ast), "I" (for independent), "I-M"					
· · ·	<i>//</i>		11	· ·	ommercial educational multicast).					
For the meaning of the Column 4: If the sta					es". If not, enter "No". For an ex-					
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the	e paper SA3 form.					
•			•	•	stating the basis on which your tering "LAC" if your cable system					
carried the distant stati		•	0.		<b>a</b> , ,					
					y payment because it is the subject					
					stem or an association representing ry transmitter, enter the designa-					
· · · /					her basis, enter "O." For a further					
					d in the paper SA3 form. to which the station is licensed by the					
FCC. For Mexican or C	Canadian static	ns, if any, giv	e the name of the	ne community with	which the station is identifed.					
Note: If you are utilizin	g multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.	_				
		CHANN	EL LINE-UP	AA		_				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION					
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE						
	NUMBER	STATION		(If Distant)		_				
WABG-FOX	32	I-M	NO		GREENWOOD, MS	-				
	32 32	I-M	NO NO		GREENWOOD, MS	See instructions for additional informatio				
WABG-HD	32 32	N-M	NO		GREENWOOD, MS	on alphabetization.				
WABG-TV WHCQ-BOUNCE	<u> </u>	N I-M	NO		GREENWOOD, MS CLEVELAND, MS					
WHCQ-MNT	9	I-M	NO		CLEVELAND, MS					
WHCQ-LD	9	I I	NO		CLEVELAND, MS					
WLBT	30	N	NO		JACKSON, MS					
WMAO-HD	25	E-M	NO		GREENWOOD, MS					
WMAO-TV	25	E	NO		GREENWOOD, MS					
WMC-TV	5	N	YES	0	MEMPHIS, TN	-				
WNBD(WXVT)	33	N-M	M NO GRENADA, MS							
WNBD(WXVT-HD)	33	N-M	NO		GRENADA, MS	•				
WNBD-HD	33	N-M	NO		GRENADA, MS	]				
	~~	NI	NO			1				

WNBD-LD

33

Ν

.....

NO

.....

GRENADA, MS

.....

			E OVOTE						
Name	LEGAL NAME OF (								SYSTEM ID#
			IUNS						006839
Haine       CEQUEL COMMUNICATIONS LLC         H       Primary         Primary       In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.         Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.         Column 1: Identify the call sign of each station carried.         Column 2: State whether the station is AM or FM.         Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.         Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).									d. al is generally e expected, ted intervals. al instructions nd discrete
1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
l									
					$\left  \right $				
					1	·			
					11				
					11				
					11				
					1				
					11				
					11				
					1				
					11				
l l					1				
					11				
					1				
					]				
					1				

CEQUEL COMMUNICATIONS LLC 006839								Name		
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG							
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.										
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.										
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitiles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every noi distant stati gulations, o tion. Do no .ucy" or "NE n was broad sign of the s idcast static adian statio dadian statio dadian statio es when the Example: a er "R" if the ind regulatic ogramming	im on a separa attach additiona nnetwork televi ion and that yo r authorizations t use general of A Basketball: dcast live, enter station broadca on's location (th ons, if any, the when your syster a program carrie listed program ons in effect du	al pages. ision program (substitute program (substitute of ur cable system substituted s. See page (vi) of the gene categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N isting the substitute program the community to which the community with which the stem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for programing the accounting period;	rogram) that, d for the prog eral instructio "basketball". o." m. station is lice station is ider program. Use sable system. 5 p.m. to 6:2 mming that y enter the let	during the acc ramming of an ons located in the List specific po- numerals, withe List the times 8:30 p.m. shou our system was ter "P" if the list	ounting other stati ne paper rogram CC or, in n the mont accurately ild be s required ted pro	¦h /			
		E PROGRAM			EN SUBSTITU IAGE OCCUR		7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME		FOR DELETION			
					_					
					_					

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_

SYSTEM ID#

LEGAL NAME OF	CABLE SYSTEM:
	CADLE OTOTEN.

## ACCOUNTING PERIOD: 2017/2

FORM SA3E. PAGE 6.

Nomo	LEGAL NAME OF (	WNER OF CABLE	SYSTEM:						SYSTEM ID#
Name	CEQUEL CO	MMUNICAT	IONS LLC						006839
J Part-Time Carriage Log	<ul> <li>PART-TIME CARRIAGE LOG</li> <li>In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part- time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.</li> <li>Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc- curred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app."</li> <li>You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 12:00 p.m."</li> </ul>								
			DATES	AND HOURS (	DF F	ART-TIME CAR	RIAGE		
	CALL SIGN	WHEN	I CARRIAGE OCCL	IRRED		CALL SIGN	WHEN	CARRIAGE OCC	JRRED
	CALL SIGN	DATE	HOUF FROM	RS TO		CALL SIGN	DATE	RS TO	
		BATE	-	10			BATE	FROM _	
			_					_	
			<u>_</u>					<u>_</u>	
								. <b></b>	
								_	
			_					_	
			_					_	
			-					_	
								_	

FORM	SA3E. PAGE 7.									
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name					
CE	QUEL COMMUNICATIONS LLC			006839	Hamo					
GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.										
<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	e 1 of						
If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e low.	entered or	n line 2	2 in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be ent	tered o	on line						
Block MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.										
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$		1,142,951.48						
	This is your minimum fee.	\$		12,161.00						
2 Block 3	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period yes with the DSE schedule.</li> <li>No—Leave block 3 below blank and carry any and the DSE schedule. If none, enter zero</li> <li>Line 1. BASE RATE FEE: Enter the total fee from line 7, block C, part 6 of the DSE</li> </ul>	nn 4, you od?	must o	check						
	schedule. If none, enter zero									
	Line 3. Add lines 1 and 2 and enter here	\$		3,040.25						
Block 4	<ul> <li>Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger</li> <li>Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7</li> </ul>	\$		12,161.00	Cable systems					
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.			0.00	submitting additional deposits under					
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)									
	Line 4. FILING FEE \$ 725.00									
TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.         Add Lines 1, 2 and 3 of block 4 and enter total here         \$ 12,886.00										
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. ( general instructions located in the paper SA3 form for more information.)	See page	(i) of t	he	additional fees.					

ACCOUNTING PERI	IOD: 2017/2	FORM SA3E. PAGE 8							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 006839							
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations	15 272							
N Individual to									
Be Contacted for Further Information	Name SARAH BOGUE Telephone 903-579	9-3121							
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)								
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)								
0	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.								
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								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B.								
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>								
	X /s/ Michael Schreiber								
	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 in the box "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatib								
	Typed or printed name: MICHAEL SCHREIBER								
	Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)								
	Date: February 18, 2018								

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

FORM	SA3E	PAGE9
	JAJL.	I AULS

LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 006839	Name
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUT. The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid service of providing secondary transmissions of primary broadcast transmis scribers and amounts collected from subscribers receiving secondary trans</li> <li>For more information on when to exclude these amounts, see the note on page (v paper SA3 form.</li> <li>During the accounting period did the cable system exclude any amounts of gross made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul> </li> </ul>	the Copyright Act by adding the fol- d to the cable system for the basic tters, the system shall not include sub- smissions pursuant to section 119." ii) of the general instructions in the receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result For an explanation of interest assessment, see page (viii) of the general instruction		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	<b>\$</b> - (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest- contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ate.pdf. For further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for	one day late.	
NOTE: If you are filing this worksheet covering a statement of account already sub please list below the owner, address, first community served, accounting period, a filing.		
Owner Address		
First community served Accounting period ID number		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collo	ect the personally identifying information (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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal 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 CABLE			SYSTEM ID#								
_	CEQUEL COMMUNICAT					006839						
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	1.			0.25							
2	Instructions: In the column headed "Call S	Sign": list the cal	Il signs of all distant stations	identified by t	he letter "O" in column 5							
Computation of DSEs for	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25."											
Category "O"	CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WMC-TV	0.250										
				••••••								
Add rows as												
necessary.												
Remember to copy all formula into new												
rows.												
10.05.												

SiGN     OF HOURS CARRIED BY SYSTEM     OF HOURS ON AIR     CARRIAGE VALUE     VALUE       Image: Sign of Control (Control (Contro) (Control (Contro) (Control (Control (Control (Control (Co	006					LEGAL NAME OF OWNER OF	Name
SIGN     OF HOURS CARRIED BY SYSTEM     OF HOURS ON AIR     CARRIAGE VALUE     VALUE	iod. nust ation, he	n. uring the accounting p n column 4. This figure ommercial educational . Round to no less than general instructions in t	carried the station during y one DSE for each station in broadcast over the air du ve the result in decimals in value" for the station. For each network or nonco give the result in column 6. ing, see page (viii) of the g	hours your cable system in space J. Calculate on er of hours that the stati figure in column 3, and g s is the "basis of carriage ne "type-value" as "1.0." e figure in column 5, and iore information on round	sign of all distant stations id station, give the number of d with the information given station, give the total numl e figure in column 2 by the the third decimal point. Thi independent station, give t 25." he figure in column 4 by the is the station's DSE. (For n	Column 1: List the call Column 2: For eac figure should correspon Column 3: For eac Column 4: Divide t be carried out at least t Column 5: For eac give the type-value as Column 6: Multiply third decimal point. This	Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel
4       =       x       =         4       =       x       =         4       =       x       =         4       =       x       =         4       =       x       =         4       =       x       =         4       =       x       =         5       SUM OF DSEs OF CATEGORY LAC STATIONS:       A       =         Add the DSEs of each station.       0.00       0.00         A station ine 2 of part 5 of this schedule,       0.00         Mathematication content is and in line 2 of part 5 of this schedule,       0.00         A station is schedule, income inc	6. DSE	VALUE	CARRIAGE VALUE	OF HOURS STATION ON AIR	OF HOURS CARRIED BY SYSTEM	SIGN	
Image: State of the sthe state of the state of the sthe state of the state of							
4       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       x       =         +       =       0       0       0       0         +       =       =       +       =       +       +       =       +       +       =       +       =       +       +<							
A       =       x       =         SUM OF DSEs OF CATEGORY LAC STATIONS:       x       =         Add the DSEs of each station:       0.00         Add the DSEs of each station listed in space I (page 5, the Log of Substitute Programs) if that station:       •         Computation of DSEs for Open to the program static up system was permitted to delete under FCC rules and regular- ing an ide by you system in substitution for a program that you system was permitted to delete under FCC rules and regular- ing and rules by our down if up, 1076 (as whon the programs during that optional carriage (as shown by the word "yes" in column 2 of space.).         Substitute- saise Station:       Column 2: For each station give the number of live, nonetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space 1.         Column 2: Enter the number of days in the calendar year: 365, except in a leagy year.         Column 3: Enter the number of days in the calendar year: 365, except in a leagy part.         Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station SDE (FOr more information on rounding, see page (wind) of the general instructions in the paper SA3 for OP PROGRAMS							
Image: Subscription of DSEs OF CATEGORY LAC STATIONS:         Add the DSEs of each station.         Entry the sum here and in line 2 of part 5 of this schedule,         Ag         Computation         Computation         Computation         Computation         Statisticity         Description         Computation         Computation         Computation         Computation         Subscription         Subscription         Computation         Computation         Subscription         Subscription         Subscription         Subscription         Subscription         Subscription         Column 2: For each station give the number of live, nonnetwork programs carriage (as shown by the word "Yes" in column 2 of space 1).         Column 3: Enter the number of days in the calendar year: 365, except in a teap year.         Column 3: Enter the number of days in the calendar year: 365, except in a teap year.         Column 4: Divide the figure in column 3, and and give the reard in subscription in the paper SA3 for OF DAYS.         SiGN       OF DAYS.         NUMBER       OF DAYS.         NUMBER       OF DAYS.         NUMBER       OF DAYS.		x		=	÷		
4       =       x       =         SUM OF DSEs OF CATEGORY LAC STATIONS:       Add the DSEs of each station.       0.00         4							
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,				=	÷		
1. CALL SIGN       2. NUMBER OF PROGRAMS       3. NUMBER OF DAYS IN YEAR       4. DSE       1. CALL SIGN       2. NUMBER OF OF PROGRAMS       3. NUMBER OF DAYS IN YEAR         +       =       +       =       +	ar-		of space I); and	the letter "P" in column 7	ber 19, 1976 (as shown by	<ul> <li>Was carried by your stions in effect on Oct</li> <li>Broadcast one or mo</li> </ul>	- computation
SIGN       OF       OF DAYS       SIGN       OF       OF DAYS       IN YEAR         +       =       +       =       + <t< th=""><th>third</th><th>res" in column 2 of programs that were de pund to no less than th</th><th>of space I); and ge (as shown by the word "Y carried in substitution for p leap year. e the result in column 4. Ro</th><th>the letter "P" in column 7 during that optional carri- e, nonnetwork programs a information in space I. dar year: 365, except in a ure in column 3, and giv</th><th>ber 19, 1976 (as shown by e live, nonnetwork programs tation give the number of lin should correspond with th number of days in the calen figure in column 2 by the fig</th><th>Was carried by your a tions in effect on Oct Broadcast one or mo space I). Column 2: For each at your option. This figur Column 3: Enter the Column 4: Divide the Column 4:</th><th>- Computation of DSEs for Substitute-</th></t<>	third	res" in column 2 of programs that were de pund to no less than th	of space I); and ge (as shown by the word "Y carried in substitution for p leap year. e the result in column 4. Ro	the letter "P" in column 7 during that optional carri- e, nonnetwork programs a information in space I. dar year: 365, except in a ure in column 3, and giv	ber 19, 1976 (as shown by e live, nonnetwork programs tation give the number of lin should correspond with th number of days in the calen figure in column 2 by the fig	Was carried by your a tions in effect on Oct Broadcast one or mo space I). Column 2: For each at your option. This figur Column 3: Enter the Column 4: Divide the Column 4:	- Computation of DSEs for Substitute-
t       +       =       +         SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:       Add the DSEs of each station.         Enter the sum here and in line 3 of part 5 of this schedule,	third	res" in column 2 of programs that were de pund to no less than th instructions in the pap	of space I); and ge (as shown by the word "Y carried in substitution for p leap year. the result in column 4. Ro e page (viii) of the general	the letter "P" in column 7 during that optional carri- e, nonnetwork programs e information in space I. Jar year: 365, except in a ure in column 3, and giv ormation on rounding, se	ber 19, 1976 (as shown by e live, nonnetwork programs tation give the number of lin should correspond with th number of days in the calen figure in column 2 by the fig station's DSE (For more inf	Was carried by your a tions in effect on Oct Broadcast one or mo space I). Column 2: For each at your option. This figur Column 3: Enter the Column 4: Divide the Column 4:	- Computation of DSEs for Substitute-
+       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         +       =       +         *       =       0.00         5       TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the tota         number of DSEs applicable to your system.       _       0.25         1. Number of DSEs from part 2.       _       _       0.25	third • SA3 form). MBER DAYS (EAR	res" in column 2 of programs that were de bund to no less than th instructions in the pap F DSEs MBER 3. NO OF OGRAMS IN	of space I); and ge (as shown by the word "Y carried in substitution for p leap year. e the result in column 4. Ro e page (viii) of the general : COMPUTATION OF 1. CALL SIGN 2. NU OF PR	the letter "P" in column 7 during that optional carrie e, nonnetwork programs e information in space I. dar year: 365, except in a ure in column 3, and giv prmation on rounding, se -BASIS STATIONS ER 4. DSE YS R	ber 19, 1976 (as shown by e live, nonnetwork programs tation give the number of li should correspond with th number of days in the calen figure in column 2 by the fig station's DSE (For more inf SUBSTITUTE BER 3. NUME OF DA GRAMS IN YEA	Was carried by your stions in effect on Oct     Broadcast one or mo space I).     Column 2: For each at your option. This figur     Column 3: Enter the     Column 4: Divide the     decimal point. This is the     I. CALL     SIGN     PRO	- Computation of DSEs for Substitute-
t t t   t	third • SA3 form). MBER DAYS (EAR =	res" in column 2 of programs that were de bund to no less than th instructions in the pap F DSEs MBER 3. NI OF OGRAMS IN	of space I); and ge (as shown by the word "Y carried in substitution for p leap year. the result in column 4. Ro e page (viii) of the general <u>: COMPUTATION OF</u> 1. CALL SIGN OF PR	the letter "P" in column 7 during that optional carrie e, nonnetwork programs e information in space I. dar year: 365, except in a ure in column 3, and giv ormation on rounding, se -BASIS STATIONS ER 4. DSE YS R =	ber 19, 1976 (as shown by e live, nonnetwork programs tation give the number of li should correspond with th number of days in the calen figure in column 2 by the fig station's DSE (For more inf SUBSTITUTE BER 3. NUME OF DA GRAMS IN YEA	Was carried by your stions in effect on Oct     Broadcast one or mo space I).     Column 2: For each at your option. This figur     Column 3: Enter the     Column 4: Divide the     decimal point. This is the     I. CALL     SIGN     PRO	- Computation of DSEs for Substitute-
+       =       +       +         +       =       +       +         SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:       Add the DSEs of each station.       0.00         Summer the sum here and in line 3 of part 5 of this schedule,	third SA3 form). MBER DAYS (EAR = =	res" in column 2 of programs that were de bund to no less than th instructions in the pap F DSEs MBER 3. NI OF OGRAMS IN ÷	of space I); and ge (as shown by the word "Y carried in substitution for p leap year. a the result in column 4. Ro e page (viii) of the general : COMPUTATION OF 1. CALL SIGN 0F PR	the letter "P" in column 7 during that optional carrie e, nonnetwork programs e information in space I. dar year: 365, except in a ure in column 3, and giv ormation on rounding, se -BASIS STATIONS ER 4. DSE YS R = =	ber 19, 1976 (as shown by e live, nonnetwork programs tation give the number of liv should correspond with th number of days in the calen figure in column 2 by the fig station's DSE (For more inf SUBSTITUTE BER 3. NUME OF DA BRAMS IN YEA ÷ ÷	Was carried by your stions in effect on Oct     Broadcast one or mo space I).     Column 2: For each at your option. This figur     Column 3: Enter the     Column 4: Divide the     decimal point. This is the     I. CALL     SIGN     PRO	- Computation of DSEs for Substitute-
Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,	third SA3 form). MBER DAYS ZAR = = = =	res" in column 2 of programs that were de pound to no less than th instructions in the pap F DSEs MBER 3. NU OF OGRAMS IN + +	of space I); and ge (as shown by the word "Y carried in substitution for p leap year. the result in column 4. Ro e page (viii) of the general : COMPUTATION OF 1. CALL 2. NU SIGN OF PR	the letter "P" in column 7 during that optional carri- re, nonnetwork programs e information in space I. Jar year: 365, except in a ure in column 3, and giv ormation on rounding, se -BASIS STATIONS ER 4. DSE YS R = =	ber 19, 1976 (as shown by e live, nonnetwork programs tation give the number of lir should correspond with th number of days in the calen figure in column 2 by the fig station's DSE (For more inf SUBSTITUTE BER 3. NUME OF DA GRAMS IN YEA	Was carried by your stions in effect on Oct     Broadcast one or mo space I).     Column 2: For each at your option. This figur     Column 3: Enter the     Column 4: Divide the     decimal point. This is the      I. CALL     SIGN     PRO	- Computation of DSEs for Substitute-
Onumber of DSEs applicable to your system.         Interview         1. Number of DSEs from part 2●	third SA3 form). MBER DAYS ZAR = = = = =	res" in column 2 of programs that were de bund to no less than th instructions in the pap F DSEs MBER 3. NU OF OGRAMS IN + + +	of space I); and ge (as shown by the word "Y carried in substitution for p leap year. the result in column 4. Ro e page (viii) of the general : COMPUTATION OF 1. CALL 2. NU SIGN OF PR	the letter "P" in column 7 during that optional carrie e, nonnetwork programs e information in space I. dar year: 365, except in a ure in column 3, and giv prmation on rounding, se -BASIS STATIONS ER 4. DSE YS R 4. DSE R = = = =	ber 19, 1976 (as shown by e live, nonnetwork programs tation give the number of liv should correspond with th number of days in the calen figure in column 2 by the fig station's DSE (For more inf SUBSTITUTE BER 3. NUME OF DA SRAMS iN YEA ÷ ÷ ÷ ÷	Was carried by your stions in effect on Oct     Broadcast one or mo space I).     Column 2: For each at your option. This figur     Column 3: Enter the     Column 4: Divide the     decimal point. This is the      I. CALL     SIGN     PRO	- Computation of DSEs for Substitute-
	third SA3 form). MBER DAYS ZAR = = = = =	res" in column 2 of programs that were de bund to no less than th instructions in the pap F DSES MBER 3. NI OF OGRAMS 1N ÷ ÷ ÷ ÷	of space I); and ge (as shown by the word "Y carried in substitution for p leap year. a the result in column 4. Ro e page (viii) of the general : COMPUTATION OF 1. CALL 2. NU SIGN 0F PR	the letter "P" in column 7 during that optional carrie e, nonnetwork programs e information in space I. dar year: 365, except in a ure in column 3, and giv ormation on rounding, se -BASIS STATIONS ER 4. DSE YS R = = = = = = = = =	ber 19, 1976 (as shown by e live, nonnetwork programs tation give the number of li- should correspond with the number of days in the calen figure in column 2 by the figure station's DSE (For more information) SUBSTITUTE BER 3. NUME OF DA IN YEA ÷ ÷ ÷ STITUTE-BASIS STATIONS tion.	Was carried by your stions in effect on Oct     Broadcast one or mo space I).     Column 2: For each at your option. This figur     Column 3: Enter the     Column 4: Divide the     decimal point. This is the	- Computation of DSEs for Substitute-
	third SA3 form). MBER DAYS ZAR = = = = =	res" in column 2 of programs that were de bund to no less than the instructions in the pap F DSEs MBER 3. NI OF OGRAMS 1N ÷ ÷ ÷ ÷	of space I); and ge (as shown by the word "Y carried in substitution for p leap year. a the result in column 4. Ro e page (viii) of the general : COMPUTATION OF 1. CALL 2. NU SIGN 0F PR	the letter "P" in column 7 during that optional carrie e, nonnetwork programs e information in space I. dar year: 365, except in a ure in column 3, and giv ormation on rounding, se -BASIS STATIONS ER 4. DSE YS R = = = = = = = = = = = = = = = = = = =	ber 19, 1976 (as shown by e live, nonnetwork programs tation give the number of li should correspond with th number of days in the calen figure in column 2 by the fig station's DSE (For more inf SUBSTITUTE BER 3. NUME OF DA IN YEA ÷ ÷ ÷ STITUTE-BASIS STATIONS tion. d in line 3 of part 5 of this s s: Give the amounts from th	Was carried by your stions in effect on Oct     Broadcast one or mo space I).     Column 2: For each at your option. This figur     Column 3: Enter the     Column 4: Divide the     decimal point. This is the      I. CALL     I. CALL     I. CALL     SIGN     SIGN     SIGN     SUM OF DSEs OF SUB Add the DSEs of each st Enter the sum here a      TOTAL NUMBER OF DS	Computation of DSEs for Substitute- asis Stations
of DSEs 2. Number of DSEs from part 3 • • 0.00	third SA3 form). MBER DAYS ZAR = = = = =	res" in column 2 of programs that were de pound to no less than the instructions in the pape F DSEs MBER 3. NI OF OGRAMS 3. NI OF OGRAMS 4 * * * * * * * * * * * * * * * * *	of space I); and ge (as shown by the word "Y carried in substitution for p leap year. a the result in column 4. Ro e page (viii) of the general : COMPUTATION OF 1. CALL 2. NU SIGN 0F PR	the letter "P" in column 7 during that optional carrie e, nonnetwork programs e information in space I. dar year: 365, except in a ure in column 3, and giv ormation on rounding, se -BASIS STATIONS ER 4. DSE YS R = = = = = = = = = = = = = = = = = = =	ber 19, 1976 (as shown by e live, nonnetwork programs tation give the number of liv should correspond with th number of days in the calen figure in column 2 by the fig station's DSE (For more inf SUBSTITUTE BER 3. NUME OF DA BRAMS 1. NYEA e e e e e station. d in line 3 of part 5 of this s s: Give the amounts from th e to your system.	Was carried by your stions in effect on Oct     Broadcast one or mo     space I).     Column 2: For each     at your option. This figur     Column 3: Enter the     Column 4: Divide the     decimal point. This is the      I. CALL     SIGN     I. CALL     SIGN     SUM OF DSEs OF SUB     Add the DSEs of each st     Enter the sum here a      TOTAL NUMBER OF DS     number of DSEs applicab	Computation of DSEs for Substitute- basis Stations
3. Number of DSEs from part 4● ▶ 0.00	third SA3 form). MBER DAYS ZAR = = = = =	res" in column 2 of programs that were de pound to no less than the instructions in the pape F DSEs MBER 3. NI OF OGRAMS 3. NI OF OGRAMS 4 * * * * * * * * * * * * * * * * *	of space I); and ge (as shown by the word "Y carried in substitution for p leap year. a the result in column 4. Ro e page (viii) of the general : COMPUTATION OF 1. CALL 2. NU SIGN 0F PR	the letter "P" in column 7 during that optional carrie e, nonnetwork programs e information in space I. dar year: 365, except in a ure in column 3, and giv ormation on rounding, se -BASIS STATIONS ER 4. DSE YS R = = = = = = = = = = = = = = = = = = =	ber 19, 1976 (as shown by e live, nonnetwork programs tation give the number of liv should correspond with th number of days in the calen figure in column 2 by the fig station's DSE (For more inf SUBSTITUTE BER 3. NUME OF DA GRAMS 1N YEA STITUTE-BASIS STATIONS thion. d in line 3 of part 5 of this s s: Give the amounts from the to your system. n part 2 •	Was carried by your stions in effect on Oct     Broadcast one or mo     space I).     Column 2: For each     at your option. This figur     Column 3: Enter the     Column 4: Divide the     decimal point. This is the      I. CALL     SIGN     I. CALL     SIGN     SUM OF DSEs OF SUB     Add the DSEs of each st     Enter the sum here a      TOTAL NUMBER OF DS     number of DSEs applicab     1. Number of DSEs for	Computation of DSEs for Substitute- basis Stations

CEQUEL CON	OWNER OF CABLE						5	*STEM ID 006839	Name
-								000039	
Instructions: Blo In block A:									c
<ul> <li>If your answer if schedule.</li> </ul>	"Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sche	edule blank ai	nd complete pa	art 8, (page 16) of	the	6
<ul> <li>If your answer if</li> </ul>	"No," complete blo			ELEVISION M					Computation of
Is the cable syste	m located wholly o			ller markets as de		ection 76.5 of	FCC rules and red	ulations in	3.75 Fee
effect on June 24,	, 1981?								
			O NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
	plete blocks B and	C below.							
				IAGE OF PERM					
Column 1: CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below re Act of 2010.)	urther explana	ation of permitt	ed stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	les and regu	lations cited be	sis on which you c elow pertain to tho rket quota rules [7	se in effect o	n June 24, 198		tc	
	C Noncommeric D Grandfathered instructions fo E Carried pursu *F A station pre G Commercial U	al educationa d station (76.6 or DSE sched ant to individu viously carrie JHF station w	al station [76.5 65) (see parag ule). Jal waiver of F d on a part-tin ithin grade-B d	ne or substitute ba contour, [76.59(d)(	63(a) referrin bstitution of g sis prior to Ju	g to 76.61(d) randfathered s ine 25, 1981	tations in the	(5)	
Column 3:		each distant s e stations ide determine the	station listed in ntified by the le	am. parts 2, 3, and 4 etter "F" in column 2. PERMITTED			vorksheet on page	2 14 of 3. DSE	
SIGN	BASIS		SIGN	BASIS	3. D3E	SIGN	BASIS	3. D3E	
WMC-TV	E	0.25							
								0.25	
		В	LOCK C: CO	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule				0.25	
Line 2: Enter the	e sum of permitte	d DSEs fror	n block B abo	ove				0.25	
Line 3: Subtract						rate.		0.00	
		·	·	7 of this schedu	ie)			0.00	Do any of the
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	DSEs represent partially
Line 5: Multiply I	line 4 by 0.0375	and enter su	ım here						permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3				х		carriage? If yes, see part
			0					-	
			0					-	9 instructions.

DSE SCHEDULE. PAGE 13.

ACCOUNTING PERIOD: 2017/2

-									DSE SCHEDULE	
Name	LEGAL NAME OF OWN									EM ID#
Name	CEQUEL COM	MUNICATIONS	LLC						0	06839
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute 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.</li> <li>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</li> <li>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981</li> <li>Column 3: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981</li> <li>Column 4: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)</li> <li>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters         (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.</li> <li>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, section:         <ul> <li>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, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.</li> </ul> </li> <li>Column 5: Indicate the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be enterer 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 verifcation from the designated statement of account on fle in the Licensing Division.</li> </ul>									
	4.0411				ED (	ON A PART-TIME AN				
	1. CALL	2. PRIOR		COUNTING		4. BASIS OF		RESENT	6. PERMI	
	SIGN	DSE	PI	ERIOD		CARRIAGE	1	DSE	DSE	
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET									
Exclusivity										
Surcharge	<ul> <li>Is any portion of the or</li> </ul>	cable system within	a top 100 majo	or television mar	ket	as defned by section 7	6.5 of FCC	rules in effect J	une 24, 1981?	,
	Yes—Complete	blocks B and C .				X No—Proceed to	part 8			
							•			
	BLOCK B. C	arriage of VHF/Gra	de B Contour	Stations		BLOCK		utation of Exem	nt DSEs	
	Is any station listed in				┤,	Was any station listed				<b>7</b> 11
	commercial VHF stati					nity served by the cab				
	or in part, over the ca			,		to former FCC rule 76			.,	
	Yes—List each s	tation below with its	Yes—List each station below with its appropriate permitted DSE				SE			
	No-Enter zero a	and proceed to part 8				X No-Enter zero a			·	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN C	SE
		<mark></mark>						-		
				· · · · · · · · · · · · · · · · · · ·						
				· · · · · · · · · · · · · · · · · · ·			<u>+</u>			
		<mark></mark>		·			<u> </u>			
		<u> </u>		· [ ]			<u> </u>			
		<mark>-</mark>		·			·····			
		└────┴┼───		0.00			<u> </u>			0.00
			TOTAL DSEs	0.00				TOTAL DS	ies .	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 006839	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,142,951.48	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated 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 any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     Yes—Complete part 9 of this schedule.     No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1) 🕨 💲		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)	_	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

### ACCOUNTING PERIOD: 2017/2

Name		DSE SCHEL	DULE. PAGE 16. SYSTEM ID# 006839
7	Section		
	4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge.	<u></u> .
	Instru	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pa	art
		checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of	-	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel	low
Base Rate Fee	blank		OW
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc:	al
		e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	48
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	.25
	Section		
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts	
		(the amount in section 1)▶ <u>\$ 3,040.</u>	25
		B. Enter 0.00701 of gross receipts	
		(the amount in section 1)▶ <u>\$ 8,012.09</u>	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	3,040.25
		Base Rate Fee	<u> </u>

LEGAL N		TEM ID#	Name
CEQL	QUEL COMMUNICATIONS LLC	006839	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4			8
	A. Enter 0.01064 of gross receipts		U
	(the amount in section 1)►		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) <b>§</b>		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here	· · · ·	Dase Nale i ee
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) <b>S</b>		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee S	0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signal		
instead Space	ad be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-u e G.	ips in	9
In Gen	neral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exc		Computation
	ots from subscribers located within the station's local service area, from your system's total gross receipts. To take advantag sion, you must:	ge of this	of
	-		Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the san or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the nur		Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each g		Exclusivity Surcharge
-	ly: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
	E: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, y compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. H	,	Partially Distant
	r cable system is wholly located outside all major television markets, complete block A only.		Stations, and
How to	to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	1: For each community served, determine the local service area of each wholly distant and each partially distant station your do to that community.	u	Stations
	2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located		
outside	le the station's local service area. A subscriber located outside the local service area of a station is distant to that station (ar	nd, by	
	ame token, the station is distant to the subscriber.)		
-	3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each briber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cat	ble	
system	m will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
	puting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	subscriber	
groups. In each	is. ch section:		
	tify the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the		
	ribers in the group.		
• lf: 1) your	ur system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts	2, 3,	
and 4 o	of this schedule; or,		
	y portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, rt 6 of this schedule.	,	
•	the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	culate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruction	ions	
in the	ne paper SA3 form.		
	npute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the precedi In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the		
DSEs f	for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to sh		
actual of	I calculations on the form.		

Name		STEM I
	CEQUEL COMMUNICATIONS LLC	0068
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K. <b>Step 3:</b> Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	<b>;</b>
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNER						SYS	STEM ID# 006839	Name
BL				TE FEES FOR EACH				
FIRST SUBSCRIBER GROUP					SECOND	SUBSCRIBER GROUP	)	9
COMMUNITY/ AREA				COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Sundiasted
								Syndicated Exclusivity
	•••••							Surcharge
								for
								Partially
								Distant
								Stations
	•••••							
		-						
			0.00				0.00	
Total DSEs 0.00 Gross Receipts First Group \$ 0.00			0.00	Total DSEs Gross Receipts Second				
	oup	<u>•</u>				\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Second		\$	0.00	
	THIRD	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs 0.00		0.00	Total DSEs		0.00			
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$		\$	0.00	Base Rate Fee Fourth Group		\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.         Enter here and in block 3, line 1, space L (page 7)         \$								

BL				TE FEES FOR EAC				
FIRST SUBSCRIBER GROUP			SECOND SUBSCRIBER GROUP					
OMMONIT I/ AREA				COMMUNITY/ AREA	·····			Com
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								Base
								Syn
								Exc
								Sur
						•	·····	
					<mark>.</mark>		·····	Pa
								Di
					····		••••• <mark>•</mark> •••••	Sta
					····			
					•••••	•		
otal DSEs			0.00	Total DSEs			0.00	
		-			1.0			
oss Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	פוור		FOURTH	I SUBSCRIBER GRO	IIP	
	THIND	SOBSCINER GIV				1 SOBSCIELL GIVE	or	
OMMUNITY/ AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	202	0.122 0.011	502		501		501	
					<mark></mark>			
					<mark></mark>			
					<mark></mark>			
					<mark></mark>	•		
					••••			
					••••			
					•••••	•		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
· · · · · · · · · · · · · · · · · · ·	i.	<u>L.</u>			<b>F</b>	μ <u>.</u>		
ase Rate Fee: Add the net of the			scriber group	as shown in the boxes	above.		0.00	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	FORM SA3E. PAGE 20. SYSTEM ID# 006839							
	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									
of Base Rate Fee	First 50 major television market     Second 50 major television market  INSTRUCTIONS:								
and Syndicated Exclusivity Surcharge for	<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.</li> </ul>								
Partially Distant Stations	<b>Step 4:</b> 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.								
	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 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group							
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	h subscriber group as shown							