This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
03/01/2018	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2017/2			
Period				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting conducts the busine if there were different owners during the accounting period, only the owner as ingle statement of account and royalty fee payment covering the entire accounting the system's first filing. If not, enter the system's ID	ess of the cable syst or on the last day of counting perioa	em the accounting period should s	•
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	TELECOMMUNICATIONS MANAGEMENT, LLC			
				84212017/2
				8421 2017/2
				0421 2017/2
	ONE MONTGOMERY PLAZA, 4TH FLOOR SIKESTON, MO 63801			
	INSTRUCTIONS: In line 1, give any business or trade names used to ic	dentify the busines	ss and operation of the syst	em unless these
С	names already appear in space B. In line 2, give the mailing address of			
System	, IDENTIFICATION OF CABLE SYSTEM:			
	TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A	A NEWWAVE	COMMUNICATIONS	
	MAILING ADDRESS OF CABLE SYSTEM:			
	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)			
	PHOENIX, AZ 85012			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	DU QUOIN	IL		
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
	Alliance	MD	В	2
	Gering	MD	В	3

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

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 8421 TELECOMMUNICATIONS MANAGEMENT, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **DU QUOIN** IL **First PINCKNEYVILLE** ΪL Community ST. JOHNS VILLAGE IL Α **TAMAROA** IL **UNINC. PERRY COUNTY** IL Α 1 **BUCKNER** В See instructions for **CHRISTOPHER** IL В additional information NORTH CITY on alphabetization. 2 IL В **EWING** IL В **WEST CITY VILLAGE** IL В 2 IL В **MULKEYTOWN** Add rows as necessary. ΪL В **BENTON** ΪL В UNINC. FRANKLIN COUNTY

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELECOMMUNICATIONS MANAGEMENT, LLC

8421

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOC	K 2		
04750000405050000	NO. OF		DATE		04750000/ 05 0500//05	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ц	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	3,321	\$	36.30				
 Service to additional set(s) 							
FM radio (if separate rate)							
Motel, hotel	238	\$	36.30	1			
Commercial				1			
Converter							
Residential							
Non-residential							
	· · · · · · · · · · · · · · · · · · ·			1 ľ		1	T

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			PPV	VARIES
• Pay cable	\$9-\$18	Motel, hotel			EXPANDED BASIC	\$55.00
 Pay cable—add'l channel 		Commercial			DIGITAL FAMILY PLUS	\$13.00
Fire protection		Pay cable			DIIGITAL SPORTS PAK	\$9.00
Burglar protection		Pay cable-add'l channel		STARZ SUPER PAK	\$15.00	
Installation: Residential		Fire protection			SHOWTIME UNLIMITED	\$17.00
First set	\$ 40.00	Burglar protection			HBO THE WORKS	\$27.00
Additional set(s)		Other services:			HBO THE WORKS	\$18.00
• FM radio (if separate rate)		Reconnect	\$	25.00	CINEMAX	\$9.00
Converter		Disconnect			HD MOVIES MUSIC	
		Outlet relocation	\$	25.00	& MORE	\$5.00
		Move to new address				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 8421 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL 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) **WSIL** 34 Ν No **CAPE GIRARDEAU, MO WPSD** 19 Ν No PADUCAH, KY See instructions for additional information **WTCT** 17 ı No MARION, IL on alphabetization. 22 No **KBSI** Ν CAPE GIRARDEAU, MO WSIU 8 Ε No CARDONDALE, IL I-M KFVS-DT2 11 No **CAPE GIRARDEAU, MO WDKA** 49 No PADUCAH, KY ı **KFVS** 11 Ν No CAPE GIRARDEAU, MO **KSDK** 35 N No ST. LOUIS, MO KFVS-DT3 11 I-M No CAPE GIRARDEAU, MO WPSD-DT2 19 I-M No PADUCAH, KY **KBSI-DT2** 22 I-M No CAPE GIRARDEAU, MO

					ACCOUNTI	NG PERIOD: 201		
FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
TELECOMMUNICATIONS MANAGEMENT, LLC 8421								
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
carried by your cable s FCC rules and regulat	system during to ions in effect or 6.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (r	period, except 81, permitting the referring to 76.6	(1) stations carrie	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters		
Substitute Basis S	Stations: With	respect to any	distant stations	carried by your o	able system on a substitute program	Television		
basis under specifc F0 • Do not list the station				e Special Stateme	ent and Program Log)—if the			
	and also in spa formation cond	ace I, if the sta			tute basis and also on some other f the general instructions located			
• •		sign. Do not r	eport origination	n program service	s such as HBO, ESPN, etc. Identify			
			0	0	tion. For example, report multi-			
	N-2". Simulcast	streams must	be reported in o	column 1 (list eacl	n stream separately; for example			
WETA-simulcast). Column 2: Give the	e channel numl	per the FCC h	as assigned to t	the television stat	on for broadcasting over-the-air in			
			•		may be different from the channel			
on which your cable sy	•			,	,			
					ependent station, or a noncommercial			
, ,	0	`	,, ,		ast), "I" (for independent), "I-M"			
(for independent multic For the meaning of the	**		**	•	ommercial educational multicast).			
					es". If not, enter "No". For an ex-			
planation of local servi				•				
Column 5: If you ha	ave entered "Y	es" in column	4, you must cor	mplete column 5,	stating the basis on which your			
•		•	٠.	•	tering "LAC" if your cable system			
carried the distant stat	•				. ,			
					r payment because it is the subject stem or an association representing			
•				•	ry transmitter, enter the designa-			
•			•	• .	ther basis, enter "O." For a further			
•	•		•		d in the paper SA3 form.			
				•	to which the station is licensed by the			
FCC. For Mexican or (Note: If you are utilizir		. ,		•	which the station is identifed.			
,	3 - 1 - 1 - 1		EL LINE-UP	<u> </u>				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	C. LOCATION OF STATION			
SIGIN	NUMBER	STATION	(165 01 140)	(If Distant)				
WSIL	34	N N	No	(II Distailt)	CAPE GIRARDEAU, MO			
WPSD	19	N	No		PADUCAH, KY			
WTCT	17		No		MARION, IL			
KBSI	22	N	No		CAPE GIRARDEAU, MO			
WSIU	8	E	No		CARDONDALE, IL			
	1			 				
KFVS-DT2	11	I-M	No		CAPE GIRARDEAU, MO			

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WSIL	34	N	No		CAPE GIRARDEAU, MO
WPSD	19	N	No		PADUCAH, KY
WTCT	17	I	No		MARION, IL
KBSI	22	N	No		CAPE GIRARDEAU, MO
WSIU	8	E	No		CARDONDALE, IL
KFVS-DT2	11	I-M	No		CAPE GIRARDEAU, MO
WDKA	49	I	No		PADUCAH, KY
KFVS-DT2	11	I-M	No		CAPE GIRARDEAU, MO
KBSI-DT2	22	I-M	No		CAPE GIRARDEAU, MO
KFVS-DT3	11	I-M	No		CAPE GIRARDEAU, MO
WPSD-DT2	19	I-M	No		PADUCAH, KY
WDKA-DT2	#N/A	#N/A	No		#N/A
	T	T	[

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN					SYSTEM ID#	Name				
TELECOMMUN	IICATIONS I	MANAGEM	ENT, LLC		8421					
PRIMARY TRANSMITTERS: TELEVISION										
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream se "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.										
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the										
Note: If you are utilizing		nnel line-ups,		space G for each	n which the station is identifed. channel line-up.					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
	NOMBER	OTATION		(II Distant)						
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FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name				
TELECOMMUN	ICATIONS I	MANAGEM	ENT, LLC		8421	Nume				
PRIMARY TRANSMITTERS: TELEVISION										
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). "I" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for network, "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). "Fo										
carried the distant stat	ion on a part-tir	ne basis beca	ause of lack of a	ctivated channel	capacity.					
of a written agreement	entered into or	n or before Ju	ne 30, 2009, be	tween a cable sys	stem or an association representing					
tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any ot	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 Note: If you are utilizing				•	which the station is identifed.					
Note. If you are utilization	Ig multiple chai		·	<u>'</u>	спатно шо-цр.					
			EL LINE-UP							
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION					
SIGN	NUMBER	STATION	(Tes of No)	(If Distant)						
				, ,						
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					<u> </u>					

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID	Name				
TELECOMMUN	IICATIONS I	NANAGEM	ENT, LLC		8421	Hamo				
PRIMARY TRANSMITTERS: TELEVISION										
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried by your cable system on a substitute program basis. For further information concerning substitute basis stations; see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for roncommercial educational), or "E-M" (for noncommercial educational multicast).										
carried the distant stat	ion on a part-tir	me basis beca	ause of lack of a	ctivated channel	capacity.					
of a written agreement	entered into or	n or before Ju	ne 30, 2009, be	tween a cable sys	stem or an association representing					
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any ot	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 (Note: If you are utilizing				•	which the station is identifed.					
, , , , , , , , , , , , , , , , , , , ,	.9		EL LINE-UP	<u>'</u>		+				
	o DIOAOT				a LOCATION OF STATION					
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION					
OIOI4	NUMBER	STATION	(103 01 110)	(If Distant)						
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FORM SA3E. PAGE 3.											
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	EM ID#	Name				
TELECOMMUN	ICATIONS I	MANAGEM	ENT, LLC			8421					
PRIMARY TRANSMITTERS: TELEVISION											
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION						
											
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FORM SA3E. PAGE 3.											
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE		Name				
TELECOMMUN	ICATIONS I	MANAGEM	ENT, LLC			8421					
PRIMARY TRANSMITTERS: TELEVISION											
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION						
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FORM SA3E. PAGE 3.						•		
LEGAL NAME OF OWN					SYSTEM ID#	Name		
TELECOMMUN	ICATIONS I	//ANAGEM	ENT, LLC		8421			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example								
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
TELECOMMUN	ICATIONS I	//ANAGEM	ENT, LLC		8421	- Tunio	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
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For the retransmiss	ion of a distant	multicast stre	eam that is not s	subject to a royalty	payment because it is the subject		
-				•	stem or an association representing ry transmitter, enter the designa-		
tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any ot	her basis, enter "O." For a further d in the paper SA3 form.		
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the		
FCC. For Mexican or C Note: If you are utilizing				•	which the station is identifed.		
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1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
TELECOMMUN	IICATIONS I	MANAGEM	ENT, LLC		8421	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
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1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
TELECOMMUN	ICATIONS I	//ANAGEM	ENT, LLC		8421	- Tunio	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
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carried the distant stati For the retransmiss	•				capacity.		
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tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any ot	her basis, enter "O." For a further		
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	d in the paper SA3 form. to which the station is licensed by the		
FCC. For Mexican or C Note: If you are utilizing				•	which the station is identifed. channel line-up.		
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1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
TELECOMMUN	IICATIONS I	NANAGEM	ENT, LLC		8421	Numb	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
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carried the distant stat For the retransmiss	•				capacity. payment because it is the subject		
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Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	d in the paper SA3 form. to which the station is licensed by the		
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1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
TELECOMMUN	ICATIONS I	MANAGEM	ENT, LLC		8421	Train 0	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
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1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
TELECOMMUN	ICATIONS I	//ANAGEM	ENT, LLC		8421		
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
TELECOMMUN	IICATIONS I	MANAGEM	ENT, LLC		8421	Hamo	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educationally, or "E-M" (for noncommercial educationally), "" (for independent), "I-M" (for independent), "I-M" (for independent),							
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					d in the paper SA3 form. to which the station is licensed by the		
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.		
Note: If you are utilizing	ng multiple char	· ·	·	<u> </u>	cnannei line-up.		
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1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
TELECOMMUN	IICATIONS I	MANAGEM	ENT, LLC		8421	- Tunio	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
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For the retransmiss	ion of a distant	multicast stre	eam that is not s	subject to a royalty	payment because it is the subject		
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tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any ot	her basis, enter "O." For a further d in the paper SA3 form.		
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the		
Note: If you are utilizing				•	which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AP		1	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1	
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	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE		Name
TELECOMMUN	ICATIONS I	MANAGEM	ENT, LLC			8421	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for							
Note: If you are utilizing	Ig manipic chai	•	•	•	channel inic-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						•		
LEGAL NAME OF OWNE					SYSTEM ID#	Name		
TELECOMMUNIC	CATIONS N	IANAGEM	ENT, LLC		8421			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example								
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1.000	DICACT		EL LINE-UP		C LOCATION OF STATION	-		
1. CALL 2 SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
TELECOMMUN	IICATIONS I	NANAGEM	ENT, LLC		8421	Hamo	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for							
carried the distant stat	ion on a part-tir	me basis beca	ause of lack of a	ctivated channel	capacity.		
of a written agreement	entered into or	n or before Ju	ne 30, 2009, be	tween a cable sys	stem or an association representing		
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any ot	ry transmitter, enter the designa- her basis, enter "O." For a further		
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FCC. For Mexican or (Note: If you are utilizing				•	which the station is identifed.		
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	o DIOAOT				a LOCATION OF STATION		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
Ololy	NUMBER	STATION	(103 01 110)	(If Distant)			
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYST	EM ID#	Name		
TELECOMMUN	ICATIONS I	MANAGEM	ENT, LLC			8421			
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)), and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specif. FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). For t									
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name			
TELECOMMUN	IICATIONS I	MANAGEM	ENT, LLC		8421	Hamo			
PRIMARY TRANSMITTERS: TELEVISION									
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cab									
carried the distant stat	ion on a part-tir	ne basis beca	ause of lack of a	ectivated channel of	capacity.				
of a written agreement	entered into or	n or before Ju	ne 30, 2009, be	etween a cable sys	stem or an association representing				
tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any ot	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 O				•	which the station is identifed.				
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1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION				
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name			
TELECOMMUN	IICATIONS I	MANAGEM	ENT, LLC		8421	Humo			
PRIMARY TRANSMITTE	ERS: TELEVISIO	N							
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast stream susciated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network multica									
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th	t entered into or a primary transi simulcasts, also aree categories	n or before Ju mitter or an as o enter "E". If j , see page (v)	ne 30, 2009, be ssociation repre you carried the of the general i	etween a cable system esenting the primal channel on any ot instructions locate	stem or an association representing				
FCC. For Mexican or (Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	which the station is identifed. channel line-up.				
	1	CHANN	EL LINE-UP	AV		_			
1. CALL	2. B'CAST		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)					
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN					SYSTEM ID#	Name		
TELECOMMUN	ICATIONS N	//ANAGEM	ENT, LLC		8421			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).								
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			EL LINE-UP			-		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 8421 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.								6 PERIOD: 2017/	
LEGAL NAME OF OWNER OF			ıc				SYSTEM ID# 8421	Name	
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? Yes X No									
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mu	ıst comple			Program Log	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every no distant stat gulations, o tion. Do no Lucy" or "NE m was broad sign of the sadcast static attant and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	am on a separa attach additional network televition and that your authorization at use general cast live, entertation broadcast live, entertation broadcast, if any, the when your system a program carrillisted program ons in effect du	al pages. ision program (substitute pour cable system substitute so See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:2 mming that ye; enter the letters	during the ramming ons located List spec List spec nsed by the stiffied). numerals List the till 8:30 p.m. our system ter "P" if the	e accounting of another state in the paper iffic program he FCC or, in with the momes accurate should be near the listed pro	etion nth ely		
				1 1	EN SUBS		7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN		5. MONTH AND DAY	-		FOR DELETION		
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ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 8421 TELECOMMUNICATIONS MANAGEMENT, LLC **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

	SA3E. PAGE 7. L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
TEI	LECOMMUNICATIONS MANAGEMENT, LLC	8421	Name							
Inst all a (as i page	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. Solony 29.20 [MPORTANT: You must complete a statement in space P concerning gross receipts.]									
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.										
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be 6 k 3 below.	entered on line 1 of								
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be en slow.	tered on line 2 in block								
	ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be entered on line								
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period.	s 1.064 percent of the								
	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.	\$ 503,929.20								
		\$ 5,361.81								
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	4, you must check								
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -								
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00								
	Line 3. Add lines 1 and 2 and enter here	\$ -								
Block 4	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	\$ 5,361.81	Cable systems							
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under							
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact							
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the appropriate							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	Add Lines 1, 2 and 3 of block 4 and enter total here								
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form for more information.)	ee page (i) of the	additional fees.							

N	LEGAL NAME OF OWNER OF CA	BLE SYSTEM:	SYSTEM ID#							
Name	TELECOMMUNICATIO	ONS MANAGEMENT, LLC	8421							
	CHANNELS									
M	Instructions: You must g	give (1) the number of channels on which the cable system carried television broadcast s	tations							
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels	· · ·									
			14							
	system carried televisio	n broadcast stations								
	2. Enter the total number	of activated channels								
		em carried television broadcast stations	228							
	and nonbroadcast servi	ces	220							
N	INDIVIDUAL TO BE CO	NTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
	we can contact about this	s statement of account.)								
Individual to Be Contacted										
for Further	Name EMERSON	YEARWOOD Telephone 6	02-364-6195							
Information										
	Address 210 E. EAF	RLL DRIVE								
		ural route, apartment, or suite number)								
		AZ 85012								
	(City, town, state,	zip)								
	Email em	nerson.yearwood@cableone.biz Fax (optional) 602-364-60)13							
		. а. (физ. и.) 302 от	<u></u>							
	OFFICION /This sta	the control of the co	latiana							
_	CERTIFICATION (This sta	tement of account must be certifed and signed in accordance with Copyright Office regul	ations.							
O Certifcation	• I the undersigned hereb	y cortify that (Chack and, but any one, of the bayes)								
Certification	i, the undersigned, hereb	y certify that (Check one, but only one, of the boxes.)								
	(Owner other than cor	rporation or partnership) I am the owner of the cable system as identifed in line 1 of space E	3; or							
		than corporation or partnership) I am the duly authorized agent of the owner of the cable s	system as identified							
	in line 1 of space B	and that the owner is not a corporation or partnership; or								
		am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own	ner of the cable system							
	in line 1 of space B									
		ement of account and hereby declare under penalty of law that all statements of fact contained	d herein							
	are true, complete, and co [18 U.S.C., Section 1001(1	rrect to the best of my knowledge, information, and belief, and are made in good faith.								
	[10 0.0.0., 0000011 1001(1	1000/1								
		/s/ RAYMOND STORCK								
		er an electronic signature on the line above using an "/s/" signature to certify this statement, /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in	the box and press the							
		button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus of								
	Tvr	ped or printed name: RAYMOND STORCK								
	, At									
	Title									
		(Title of official position held in corporation or partnership)								
	Dot	e: February 28, 2018								
	Dat	e: February 28, 2018								

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

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Stallible tome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A). of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts to cliented from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellitic carriers to satellite dish owners? Name Maing Address INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name						
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitiers, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Name	TELECOMMUNICATIONS MANAGEMENT, LLC	8421	Name						
Name Mailing Address INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L. (page 7) \$ (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. **This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. Owner Address First community served Accounting period	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions								
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment									
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.								
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment								
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and enter the sum here	-							
space L, (page 7)	Line 3 Multiply line 2 by the number of days late and enter the sum here	-							
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Address First community served Accounting period	please list below the owner, address, first community served, accounting period, and ID number as o	•							
Accounting period									
ullet	Accounting period								

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ACCOUNTING PERIOD: 2017/2

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

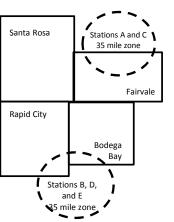
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

Ψ0,001.00							
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		

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2017/2

DSE SCHEDULE. PAG	E 11. (CONTINUED)								
1	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#			
I	TELECOMMUNICATIONS MANAGEMENT, LLC								
	SUM OF DSEs OF CATEGOR								
	Add the DSEs of each station								
	Enter the sum here and in line	0.00							
2	Instructions:								
	In the column headed "Call Sof space G (page 3).	Sign": list the ca	Ill signs of all distant stations	s identified by the	e letter "O" in column 5				
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSE	= as "1.0"; for ea	ch network or noncom-				
of DSEs for	mercial educational station, giv	e the DSE as "	25."						
Category "O"		T	CATEGORY "O" STATION	T TT					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
				·					
				· · · · · · · · · · · · · · · · · · ·					
				·					
Add rows as				· ·····- · ·					
necessary.				· -					
Remember to copy				- 					
all formula into new				 					
rows.									
				· · · · · · · · · · · · · · · · · · ·					
				.					
				· · · · · · · · · · · · · · · · · · ·					
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				·					
				- -					
				- - - -					
				- - -					
				·					

Name		ER OF CABLE SYSTEM: ICATIONS MANA	GEMENT, LLC				S	8421
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: For figure should correct Column 3: For Column 4: Di be carried out at I Column 5: For give the type-valu Column 6: M	ne call sign of all distator each station, give the respond with the information each station, give the reach station, give the reach independent size as ".25."	he number of hour mation given in sp he total number of umn 2 by the figure nal point. This is the station, give the "ty lumn 4 by the figurenal point.	s your cable syste ace J. Calculate of hours that the star e in column 3, and ne "basis of carriag //pe-value" as "1.0." re in column 5, and	m carried the stanly one DSE for or cion broadcast or give the result in the value" for the standard reach networks give the result in the standard reach networks give the result in the standard result in the standard result in the standard result in the result in the standard result in the standa	ation during the accounting each station. Ver the air during the according the according the according the according the according to the account of the ac	ounting period. his figure must ucational station,	
Capacity		С	ATEGORY LA	C STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. I JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAC VALUE	5. TYPE		SE.
						x		
						X		
			<u>.</u>		= =	x x	·····	
						x		
			÷		=	x	=	
			÷ ÷		=	x x	<u> </u>	
	Add the DSEs of e	F CATEGORY LAC S ach station. here and in line 2 of pa		ule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect of Broadcast one space I). Column 2: For at your option. This Column 3: Enter Column 4: Divi	your system in subst on October 19, 1976 (or more live, nonnetwone each station give the sfigure should correser the number of days de the figure in colum	itution for a progra as shown by the le ork programs durin, number of live, no spond with the info in the calendar ye in 2 by the figure in	In that your systemetter "P" in column g that optional carronnetwork program remation in space I ear: 365, except in column 3, and gi	n was permitted to 7 of space I); an iage (as shown by s carried in substance) a leap year.	Programs) if that station: to delete under FCC rule d r the word "Yes" in column stitution for programs that column 4. Round to no les the general instructions i	2 of t were deleted as than the third	rm).
	,	SU	BSTITUTE-BA	SIS STATION	S: COMPUTA	ATION OF DSEs	T	
	SIGN	NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		4	-	=
		÷		=		-	÷	=
		÷		=		-	-	=
		÷		=		-	÷	=
	Add the DSEs of e	F SUBSTITUTE-BAS ach station. nere and in line 3 of pa		ule,		0.00		
5 Total Number of DSEs		plicable to your systen SEs from part 2● SEs from part 3●		es in parts 2, 3, and	4 of this schedul	e and add them to provide	0.00 0.00 0.00	
	S. Hamber of De	, part T •				-		
	TOTAL NUMBER C	DF DSEs					•	0.00

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

LEGAL NAME OF C	OWNER OF CABLE	SYSTEM:					S'	YSTEM ID#	Nama
TELECOMMU	NICATIONS M	ANAGEME	NT, LLC					8421	Name
Instructions: Blo	ck A must be com	pleted.							
	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
schedule. • If your answer if	"No," complete blo	ocks B and C	below.						
				ELEVISION M					Computation of 3.75 Fee
Is the cable system effect on June 24,	,	outside of all	major and sma	aller markets as de	efined under s	ection 76.5 of	FCC rules and re	gulations in	0.10100
_			DO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 or ne 25, 1981. For fune letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)]	ules and reguled pursuant	lations cited be to the FCC ma	usis on which you o elow pertain to tho orket quota rules [7	ose in effect o 76.57, 76.59(b	n June 24, 198), 76.61(b)(c),	76.63(a) referring	ı tc	
	C Noncommeric D Grandfathered instructions for	cal educational d station (76. or DSE sched	al station [76.5 65) (see parag lule).	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	•	eviously carrie JHF station v	ed on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
	1			l		1		0.00	
			1 OCK C: CO	MPUTATION O	E 2 75 EEE				
			LOCK C. CO	WIF OTATION OF	3.731 LL				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule				<u>-</u>	
Line 2: Enter the	e sum of permitte	ed DSEs fro	m block B ab	ove				<u> </u>	
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	line 4 by 0.0375	and enter s	um here				×		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	line 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

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		WNER OF CABLE		ENT, LLC				S	YSTEM ID# 8421	Name
			BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
	CALL	2. PERMITTED BASIS			2. PERMITTED BASIS		1	2. PERMITTED BASIS	3. DSE	6
3	iGiv	BASIS		SIGN	DAGIG		SIGIN	BASIS		Computation of 3.75 Fee
····										3.75 Fee
••••					······				••••••	
										
••••••					······					
••••										
····										
<mark></mark>										
••••••										
]

Name	LEGAL NAME OF OWN			-					S	YSTEM ID#				
	TELECOMMUN	ICATIONS	MANAGEMEN	T, LLC						8421				
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.													
		DEDMITTI	ED DSE EOD STA	TIONS CAPPI	ED	ON A DART TIME AN	ID SLIBSTI	THE BASIS						
	1. CALL	1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED												
	SIGN	DSE		ERIOD		CARRIAGE		DSE		DSE				
									••••••					
									••••••					

7 Computation of the Syndicated		"Yes," comple	ete blocks B and C ocks B and C blan	k and complete		art 8 of the DSE schedi								
Exclusivity														
Surcharge	Is any portion of the or	cable system w	rithin a top 100 maj	or television mar	rket	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?				
	Yes—Complete	blocks B and	C .			No—Proceed to	part 8							
	DI OCK Di C		Crada D Cantaur	Otations		DI OCK	(C: Camar	station of Even						
		-	Grade B Contour		귀			itation of Exem	•					
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places	, ,			Was any station listed nity served by the cab to former FCC rule 76	le system p							
	Yes—List each s	tation below wit	h its appropriate per	mitted DSE		Yes—List each st	ation below	with its appropri	ate permi	itted DSE				
	X No—Enter zero a	and proceed to p	oart 8.			X No—Enter zero a	nd proceed t	to part 8.						
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE				
		 												
			TOTAL DSEs	0.00				TOTAL DS	SEs .	0.00				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC	SYSTEM ID# 8421	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	503,929.20	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	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 an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Nama	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM: SYS	TEM ID#								
Name	1	TELECOMMUNICATIONS MANAGEMENT, LLC	8421								
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		A. Enter 0.00300 of gross receipts (the amount in section 1)									
of the 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									
8 Computation of Base Rate Fee	You mu 6 was 0 In blo If you If you blank. What is	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. but an answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. but an answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below the search of the station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local te area," see page (v) of the general instructions.									
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS										
	• Did yo	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?									
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.									
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$									
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).									
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.									
		A. Enter 0.01064 of gross receipts (the amount in section 1)									
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶									
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here									
		D. Multiply line B by line C and enter here									
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	-								
		Base Rate Fee	0.00								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
TELECOMMUNICATIONS MANAGEMENT, LLC	8421	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts		8
(the amount in section 1)		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) > _		of
C. Multiply line B by 3.000 and enter here >		Base Rate Fee
D. Enter 0.00330 of gross receipts		
(the amount in section 1) \rightarrow \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here \$		
G. Add lines A, C, and F. This is your base rate fee.		
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television brown instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple of Space C	•	9
Space G. In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base ra	ite fee, to exclude	Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To ta exclusion, you must:		of
		Base Rate Fee and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are disstation or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deter		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exem		for Partially
also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and if your cable system is wholly located outside all major television markets, complete block A only.		Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant carried to that community.	nt station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers we outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are dis	stant. Each	
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No system will have only one subscriber group when the distant stations it carried have local service areas that coincide		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of you groups.	ır system's subscriber	
In each section:		
 Identify the communities/areas represented by each subscriber group. Give 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	
subscribers in the group.		
• If:	vo it in norto 2, 2	
 your system is located wholly outside all major and smaller television markets, give each station's DSE as you gat and 4 of this schedule; or, 	ve it iii palts 2, 3,	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave part 6 of this schedule.	it in block B,	
• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gen in the paper SA3 form.	eral instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule or page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group. See for that group's complement of stations and total gross receipts from the subscribers in that group. You do not	up (that is, the total	

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actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 8421 TELECOMMUNICATIONS MANAGEMENT, LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP S	LEGAL NAME OF OWN						S	YSTEM ID#	Name
SECOND SUBSCRIBER GROUP	IELECOMMUNIC	AHONS	MANAGEMENT,	LLU				8421	Hulle
COMMUNITY AREA	В				TE FEES FOR EAC				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Florth Group Sase Rate Fee Third Group Sase Rate Fee Tourth		FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO		۵
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group S D.00	COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	_		
Base Rate Fee First Group THIRD SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN		T 505	II oar oron				П оли отом		
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					-				
			_	···					
Surcharge for Partially Distant Stations			-	•••••••••••••••••••••••••••••••••••••••	-				
for a DSEs Gross Receipts First Group THIRD SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN DSE		···			-				
Total DSEs Gross Receipts First Group Third Subscriber Group Community Area O Community Area									
Stations Statio									Partially
Total DSES Gross Receipts First Group Total DSES Gross Receipts First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA									Distant
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN			-						Stations
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN					.				
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN		. 							
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN		···	-						
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN							-		
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	••••••	<u>"</u>		···		•••••			
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Total DSEs	•	-	0.00	Total DSEs		**	0.00	
Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CAL									
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA	Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA									
COMMUNITY/ AREA O CALL SIGN D SE CALL SIGN D S	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
COMMUNITY/ AREA O CALL SIGN D SE CALL SIGN D S		THIRD	SUBSCRIBER GRO	JP.		FOURTH	I SUBSCRIBER GRO	UP	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA	11111112	CODCOTTIBLIT ON		COMMUNITY/ ARE		I CODOCINIDEIX CITO	_	
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Total DSEs O.00 Gross Receipts Third Group Base Rate Fee Third Group Total DSEs O.00 Base Rate Fee Third Group Total DSEs O.00 Tot	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		<mark></mark>		<u> </u>					
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		<u></u>			.	·····			
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		···	_	···					
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	••••••	<u>"</u>	-	•		•••••	·		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00				•					
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts 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.	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Raco Pato Foo Third (2roup	¢	0.00	Base Pate See See	rth Group	¢	0.00	
	Dase Nate Fee Hill(0)	эгоир	Φ	0.00	Dase Rate Fee FOU	iui Gioup	Φ	0.00	
					11				
	Base Rate Fee: Add to	ne base ra t	te fees for each subse	criber aroun	as shown in the boxes	s above.			
				JP		-	\$	0.00	

LEGAL NAME OF OWN TELECOMMUNIC			LLC			S	YSTEM ID# 8421	Name
В		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROI	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							<u></u>	Base Rate Fee and
								Syndicated
								Exclusivity
		<u> </u>	<u></u>					Surcharge for
								Partially
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Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts First C	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	1
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	l
	SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU		ı
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	ı
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
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Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	ı
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	l
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxes	s above.	\$		l

	COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
COMMUNITY/ AREA	SUBSCRIBER GRO	UP					
					SUBSCRIBER GROU		9
		0	COMMUNITY/ ARE	Α		0	Computation
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicated
		<u>-</u>					Exclusivity
		<u>.</u>				<u></u>	Surcharge for
		<u>.</u>		·····			Partially
				•••••			Distant
		•					Stations
							
					<u> </u>		
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ELEVENTH	SUBSCRIBER GRO	UP		TWELVTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Fotal DSEs	·-	0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNE			1.0			S	YSTEM ID#	Name
TELECOMMUNICA	TIONS	WANAGEWENT, I	LC				8421	
				TE FEES FOR EAC			ID	
COMMUNITY/ AREA	IEENIH	SUBSCRIBER GROU	<u>)P</u>	COMMUNITY/ AREA		SUBSCRIBER GROU)P 0	9
COMMONT I/ AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
					<u></u>			Syndicated
					····			Exclusivity Surcharge
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		-						Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	TEENTH	SUBSCRIBER GROU		Ti .		SUBSCRIBER GROU	JP -	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·		l l l l l l l l l l l l l l l l l l l		·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW		LE SYSTEM: MANAGEMENT,	LLC			S	YSTEM ID# 8421	Name
							0421	
		SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE			0	COMMUNITY/ AREA			0	9
	DOE 1	T OALL CION		0.414 0.004		TI CALL CICAL	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
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		-					•••••	Syndicated
								Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	NINTEENTH	SUBSCRIBER GRO	UP	1	TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			criber group	as shown in the boxes	above.			
Enter here and in blo	ock 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OW		.E SYSTEM: MANAGEMENT, I	10			S	YSTEM ID#	Name
TELECOMMON	CATIONS	WANAGEWENT, I	LC				8421	
TW		COMPUTATION OF SUBSCRIBER GROUND COMPUTATION OF COM		ATE FEES FOR EACI		RIBER GROUP SUBSCRIBER GROUP	ID	
COMMUNITY/ ARE		SOBSCINIBLIN GINOR	0	COMMUNITY/ AREA		30B3CKBER GRO	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
	·····							Syndicated Exclusivity
								Surcharge
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								Stations
								
					ļ	H	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
			2.22				0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU		11		SUBSCRIBER GRO		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
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					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
	d Croup	¢	0.00		h Crous	œ.	0.00	
Gross Receipts Thir	u Group	\$	0.00	Gross Receipts Fourt	п отоир	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
			riber group	as shown in the boxes	above.			
Enter here and in bl	ock 3, line 1, s	space L (page 7)				\$		

	'STEM: NAGEMENT, LLC			SY	STEM ID# 8421	Nam
	IPUTATION OF BASE RA	TI CONTRACTOR OF THE CONTRACTO				
TWENTY-FIFTH SUB			NTY-SIXTH	SUBSCRIBER GROU		9
OMMUNITY/ AREA	0	COMMUNITY/ AREA			0	Comput
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						Base Rat
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tal DSEs	0.00	Total DSEs			0.00	
oss Receipts First Group \$	0.00	Gross Receipts Secon	d Group	\$	0.00	
sse Rate Fee First Group \$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWENTY-SEVENTH SUB		Ti .	Y-EIGHTH	SUBSCRIBER GROU		
OMMUNITY/ AREA	0	COMMUNITY/ AREA			0	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE C	ALL SIGN DSE	Total DSEs	DSE	CALL SIGN	DSE	
				CALL SIGN		
tal DSEs	0.00	Total DSEs			0.00	

LEGAL NAME OF OW		E SYSTEM: MANAGEMENT, L	LC			S	YSTEM ID# 8421	Name
				ATE FEES FOR EACH		DIRED COOLID	0421	
		SUBSCRIBER GROU				I SUBSCRIBER GRO	JP	_
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
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								Partially
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								Stations
								
Total DSEs		!	0.00	Total DSEs		-!-!	0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii —		SUBSCRIBER GROU		
COMMUNITY/ ARE/	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE			I.C.			S	YSTEM ID# 8421	Name
							0421	
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACI		IBER GROUP SUBSCRIBER GROU	IP.	
COMMUNITY/ AREA		SSESSINDEN GROU	0	COMMUNITY/ AREA		SSECTION ON OR	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
THID	TV EIETH	SUBSCRIBER GROU	ID	TH	DTV QIYTH	SUBSCRIBER GROU	ID	
COMMUNITY/ AREA	11-111 111	30B3CKBEK GKO	0	COMMUNITY/ AREA		SOBSCINIBLIN GROC	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
	roup	•	0.00		h Croun	œ.	0.00	
Gross Receipts Third G	ioup	Ψ	0.00	Gross Receipts Fourt	п Стоир	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE			LC			S	YSTEM ID# 8421	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
					<u></u>			Exclusivity
								Surcharge for
								Partially
								Distant Stations
			0.00			<u> </u>	0.00	
Total DSEs			0.00	Total DSEs	- 1 0		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
	TY-NINTH	SUBSCRIBER GROU				I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
	r	<u>i.</u>			1-	<u>r</u>		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN			LLC			S	YSTEM ID# 8421	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RTY-FIRST	SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
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Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FOF	RTY-THIRD	SUBSCRIBER GRO	UP	FOF	RTY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo	the base rat	re fees for each subs				\$	0.00	

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base R Base R Syndi Exclu Surcl Fe Part Dist	LEGAL NAME OF OWNER OF CAB TELECOMMUNICATIONS		LLC			S	YSTEM ID# 8421	Name
COMMUNITY AREA CALL SIGN DSE CALL SIGN				TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
CALL SIGN DSE CALL SIGN CALL		SUBSCRIBER GROU				I SUBSCRIBER GROU		9
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group 1	COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computat
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Base Rate Fee First Group FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE	otal DSEs		0.00	Total DSEs			0.00	
FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Base Rate Fee First Group	s	0.00	Base Rate Fee Seco	nd Group	s	0.00	
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Γotal DSEs		0.00	Total DSEs			0.00	
		\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Gross Receipts Third Group	*						

LEGAL NAME OF OW		LE SYSTEM: MANAGEMENT,	II C			S	YSTEM ID# 8421	Name
LLLCONINION							0421	
F		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP H SUBSCRIBER GRO	UP	
COMMUNITY/ ARE		CODOCINDEN ONO	0	COMMUNITY/ AREA		. SOBOSINDER GRO	0	9
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
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Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	FIFTY-FIRST	SUBSCRIBER GRO	UP	FIF ⁻	TY-SECONI	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	4		0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
			criber group	as shown in the boxes	s above.			
Enter here and in bl	ock 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWN			LLC			S	YSTEM ID# 8421	Name
				TE FEES FOR EAC				
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-FIFTH	SUBSCRIBER GRO	DUP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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LEGAL NAME OF OWN			LC			S	YSTEM ID# 8421	Name
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		SUBSCRIBER GROU		ATE FEES FOR EACH		SUBSCRIBER GROUP	UP	
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Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SI	XTY-THIRD	SUBSCRIBER GROU	JP	SIXT	Y-FOURTH	SUBSCRIBER GROU	UP	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
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Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

	COMPUTATION O I SUBSCRIBER GRO	UP			RIBER GROUP	ID	
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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SIXTY-SEVENTE COMMUNITY/ AREA	I SUBSCRIBER GRO	0	COMMUNITY/ ARE		I SUBSCRIBER GROU	0 0	
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	

Name	YSTEM ID# 8421	S			.LC			LEGAL NAME OF OWNE TELECOMMUNICA
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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	BLE SYSTEM: S MANAGEMENT,	LLC			S	YSTEM ID# 8421	Name
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COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computat
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
orodo redelpto i list eroup	<u> </u>		Gross receipts eee	ona Group	<u>*</u>		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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SEVENTY-FIFT	H SUBSCRIBER GRO	DUP	SEV	ENTY-SIXTH	SUBSCRIBER GROU	UP	
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LEGAL NAME OF OWNE			11.0			s	YSTEM ID#	Name
TELECOMMONICA	ATIONS	WANAGEWIENT, I					8421	
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Total DSEs			0.00	Total DSEs		Щ	0.00	
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Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
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Total DSEs		•	0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	r				F			
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nore and in block	. 5, 1, 3	cpace = (page 1,				7		

LEGAL NAME OF OWN TELECOMMUNIC			I C			S	YSTEM ID# 8421	Name
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		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP SUBSCRIBER GROU	UP	
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Gross Receipts First 0	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
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Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
EIGH	ITY-THIRD	SUBSCRIBER GROU	JP	EIGHT	Y-FOURTH	I SUBSCRIBER GROU	UP	
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LEGAL NAME OF OWN			LLC			S	YSTEM ID# 8421	Name
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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Name	YSTEM ID# 8421	S			.LC			LEGAL NAME OF OWNE TELECOMMUNICA
				TE FEES FOR EACH				
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Mana	YSTEM ID# 8421	S			LC			LEGAL NAME OF OWNE TELECOMMUNICA
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LEGAL NAME OF OWNE			1.0			S	YSTEM ID#	Name
TELECOMMUNICA	ATIONS	WANAGEWENT, L	.LC				8421	
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	SEVENTH	SUBSCRIBER GROU		11	IY-EIGHTF	I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Of IEE OF OTT	DOL	OF ILLE GIGIT	BOL	CALL CICIT	BOL	O'ALL GIGIT	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
	<mark></mark>	-						Surcharge
	<u></u>					.		for
	<mark></mark>							Partially Distant
	<u> </u>					-		Stations
								Stations
	<u>"</u>							
	<mark></mark>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	iroup	s	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
			•				*	
	TY-NINTH	SUBSCRIBER GROU		III	INDREDTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
OTTEL OTOTA	DOL	OF ILLE GIGIT	BOL	CALL CICIT	BOL	O'ALL GIGIT	502	
		-			•			
				-				
	<mark></mark>							
	<mark></mark>							
	··							
	<u>"</u>	-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third (-roup	¢	0.00	Base Rate Fee Fourth	Group	e	0.00	
Dase Nate Lee Hill (Jioup	<u></u> \$	0.00	Dase Nate i ee Fourti	, Group	\$	0.00	
				П				
Base Rate Fee: Add th	ne base rat	e fees for each subsc	riber group	as shown in the boxes	above.			
Enter here and in block						\$		

LEGAL NAME OF OWN		E SYSTEM: MANAGEMENT, L	ıc			S	YSTEM ID# 8421	Name
							0421	
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP SUBSCRIBER GROUP	LIP	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		30B3CRIBER GRO	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-			<u></u>			and
					 			Syndicated Exclusivity
				·	···			Surcharge
								for
								Partially
					<u></u>			Distant
	····				<u></u>			Stations
					 			
					<u></u>			
							0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUND	DEN TUIDN	SUBSCRIPER CROI	ID	ONE HUNDRE	ED EOLIDTL	STIDSCRIBER CROI	LID	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		SUBSCRIBER GRO	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
					<u></u>			
					<u></u>			
					 			
	<u></u>				<u></u>			
	<u></u>				<u></u>			
	<u></u>			· ·····				
		-			<u></u>			
					<u></u>		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
	l Group	¢	0.00		th Group	e	0.00	
Gross Receipts Third	ι Οιυαρ	\$	0.00	Gross Receipts Four	ii Gioup	\$	3.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add	the hase rat	e fees for each subsc	riber aroun	as shown in the boxes	ahove			
Enter here and in blo			g. sap		- '	\$		

LEGAL NAME OF OWN			1.0			s	YSTEM ID#	Name
							8421	
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU	IP	
COMMUNITY/ AREA		SOBSCINIBLIX GIVOR	0	COMMUNITY/ AREA		1 30B3CKBER GROU	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>			-	 			and Syndicated
				·				Exclusivity
								Surcharge
					<u></u>			for
								Partially Distant
							····	Stations
					<u></u>			
				-	<u></u>			
				·				
Total DSEs	 -		0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	•							
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDR	ED EIGHTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u></u>			
								
	<u></u>							
	····							
	<u></u>				<u></u>			
	····							
				·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				11				
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

TELECOMMUNICA			ı C			S	YSTEM ID# 8421	Name
							0421	
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	- D IVIIIVIII	OGDOGINDEN GIVOC	0	COMMUNITY/ AREA	LD ILITII	I OODOOTHIDEIT OROX	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	·			-				Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
		-						for
	·				-			Partially Distant
		-						Stations
					·			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·-			-	-			
	·	-						
	-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				11				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW		E SYSTEM: MANAGEMENT, L	1.0			s	YSTEM ID#	Name
TELECOMMUNIC	CATIONS	WANAGEWENT, L	.LC				8421	
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	ID	
COMMUNITY/ AREA		30B3CKBEK GKOC	0	COMMUNITY/ AREA		1 30B3CKBER GROU	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
					···			Exclusivity
		-						Surcharge
		-						for
								Partially Distant
					···		····	Stations
					····			
Total DSEs	•	•	0.00	Total DSEs	•	•	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
	·							
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED	FIFTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED S	SIXTEENTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
					 			
					 			
		-			 			
					···		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
								
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW		LE SYSTEM: MANAGEMENT, I	LLC.			S	YSTEM ID# 8421	Name
							0421	
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	LIP	
COMMUNITY/ ARE		30B3CRIBER GRO	0	COMMUNITY/ AREA		1 30B3CRIBER GRO	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<mark></mark>			and Syndicated
					····			Exclusivity
								Surcharge
								for
								Partially Distant
	·····		·		····		····	Stations
						- -		
					••••	·		
Total DSEs		•	0.00	Total DSEs	!		0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Gross receipts i iis	Согоир	<u> </u>	0.00	Cross receipts ecoc	ла Стоар	•		
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	NINTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIET!	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	١		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					••••			
					····			
		-						
		-			<mark></mark>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
					-			
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
			criber group	as shown in the boxes	s above.			
Enter here and in blo	ock 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OW		.E SYSTEM: MANAGEMENT, L	ıc			S	YSTEM ID# 8421	Name
							0421	
				ATE FEES FOR EACH			,	
COMMUNITY/ AREA		SUBSCRIBER GROU	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GROUP	0	9
COMMONT 17 AREA	*			COMMUNITY AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
	·····	-						Surcharge
								for Partially
								Distant
		-			<u></u>			Stations
					<mark></mark>		<u></u>	
							0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED TW	ENTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	ITY-FOURTH	I SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u></u>			
	·····			-				
		-						
					<u></u>			
								
	·····							
		-			<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	·				-			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
			riber group	as shown in the boxes	above.			
Enter here and in blo	ock 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWN TELECOMMUNIC			LLC			S	YSTEM ID# 8421	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	NTY-FIFTH	SUBSCRIBER GROU		 		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
			<u></u>			-		Surcharge
					·····			for Partially
	···		···					Distant
	···							Stations
	<mark></mark>		<u></u>					
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	/-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
					·····			
	···		···					
			<u></u>					
			<u></u>		·····			
	···		···		·····			
••••••	···							
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	•	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Cross receipts mild	отоир	\$	0.00	- Si Soo Receipte Fou	Group	*	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC 8421								Name
							0421	
				ATE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	COMMUNITY/ AREA	INKIEIR	1 SUBSCRIBER GROUF	0	9
OOMMONT IT THE				COMMONT IT THE				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity
								Surcharge for
				·				Partially
		-						Distant
								Stations
		_						
		-						
			ļ					
Total DSEs	1		0.00	Total DSEs	1	Ц	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secor	id Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HI INDRED T	UIDTV EIDST	SUBSCRIBER GROUP		ONE HI INDDED THID	TV SECONI	SUBSCRIBER GROUP)	
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	COMMUNITY/ AREA	IT-SECONE	J JUBSCRIBER GROUP	0	
COMMONT IT AREA	¬			COMMONT IT AIRLA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-					····	
		-						
						-		
							····	
Total DSEs		1	0.00	Total DSEs			0.00	
	d Group	•	0.00		Group	•	0.00	
Gross Receipts Third	и Эгоир	\$	0.00	Gross Receipts Fourth	i Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		
Litter here allu ili Dit	JON J, IIIIE 1, S	ppace L (page 1,				Ψ		

LEGAL NAME OF OWN			LLC			S	YSTEM ID# 8421	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
		SUBSCRIBER GROU		tt -		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL CICIT	502	OFFICE STORY	DOL	OF ILLE STORY	502	O/ LEE GIGIT	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
		_						for
	····		<u></u>		·····	-		Partially Distant
	·····					-		Stations
		-	···					Gtationio
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU	Р	ONE HUNDRED	THIRTY-SIXTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
								
		-	<u></u>			 		
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			<u></u>					
								
	····						····	
	••••		···			<u> </u>		
Total DSEs		-	0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
ccccoc.pto milit	2.5up	.*			Стоир	<u>*</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
DRED THIRTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP	9
NITY/ AREA 0 COMMUNITY/ AREA 0	omputatio
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
Bas	se Rate F
	and
	Syndicated
	Exclusivity Surcharge
	for
F	Partially
	Distant
	Stations
Es	
eceipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
te Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
IUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP	
NITY/ AREA 0 COMMUNITY/ AREA 0	
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
Es 0.00 Total DSEs 0.00	
celepts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	

LEGAL NAME OF OWNER TELECOMMUNICA			LC			Sì	STEM ID# 8421	Name
			BASE RA	TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GROUP		Ħ	Y-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
							<u></u>	Stations
							<u></u>	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FORT	ΓY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
						H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN			LLC			S	YSTEM ID# 8421	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FO	ORTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FORTY-SIXTH	I SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	<mark></mark>		<u></u>					Syndicated
	····							Exclusivity
						 		Surcharge for
	····					-		Partially
	····	-				 		Distant
							••••	Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED F	ORTY-EIGHTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN			ıc			s	YSTEM ID#	Name
TELECOMMONIC	ATIONS	WANAGEWENT, L					8421	
				ATE FEES FOR EACH			ID.	
ONE HUNDRED FOR COMMUNITY/ AREA		SUBSCRIBER GRUC	<u>0</u>	COMMUNITY/ AREA		I SUBSCRIBER GRO	0	9
COMMONT IT AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<mark></mark>	-			<u></u>			and
								Syndicated
				-				Exclusivity Surcharge
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								Distant
					<u></u>			Stations
								
				·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FI	FTY-FIRST	SUBSCRIBER GROU	JP	h		SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		1	0.00	Total DSEs		Ш	0.00	
	Croup	¢	0.00		h Crown	¢	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	п Стоир	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN		E SYSTEM: MANAGEMENT, L	ıc			S	YSTEM ID# 8421	Name
							0421	
				ATE FEES FOR EACH			ID.	
COMMUNITY/ AREA		SUBSCRIBER GROU	<u>0</u>	ONE HUNDRED FIFT COMMUNITY/ AREA		1 SUBSCRIBER GRO	0	9
COMMONT IT AIRE				OOMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii .		SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		1	0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Cross Receipts Hille	· Oroup	.*	3.00	Signal Receipts Fourth	. Οι σαμ	_ *		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00	
B B. (5	411				-1			
Enter here and in blo			nber group	as shown in the boxes	apove.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: ELECOMMUNICATIONS MANAGEMENT, LLC 8421								Name
				TT 5550 500 540		NDED 00010	0421	
		SUBSCRIBER GROUP		ATE FEES FOR EACH ONE HUNDRED FILE		RIBER GROUP I SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O, ILL SIGIT	BOL	OALL GIGIT	502	ONLE GIGIT	BOL	OALL SIGIY	502	Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED	FIFTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	ED SIXTIETH	I SUBSCRIBER GROUF)	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE TELECOMMUNIC			LLC			S	YSTEM ID# 8421	Name
В				TE FEES FOR EAC				
COMMUNITY ASS.	FIRST	SUBSCRIBER GRO		COMMUNITY		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO			FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Raco Pato Foo: Add 4	he hass #54	o foos for each author	oriber group	as shown in the house	a ahovo			
Base Rate Fee: Add ti Enter here and in blocl			cibei group	as shown in the boxes	above.	\$	0.00	

LEGAL NAME OF OWNE			LLC			S'	YSTEM ID# 8421	Name
Bl				TE FEES FOR EACH				
00144411417777	FIFTH	SUBSCRIBER GRO		0014445	SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
5	SEVENTH	SUBSCRIBER GRO	JP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
е	base rat			Base Rate Fee Fourth		\$	0.00	

	MANAGEMENT, L					8421	Name
			TE FEES FOR EACH			ID.	
NINTH S OMMUNITY/ AREA	SUBSCRIBER GROU		COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
OWNUNITY AREA		0	COMMUNITY AREA				Computa
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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-t-I DOE-		0.00	T-4-1 DOE-		ļļ.	0.00	
otal DSEs	•	0.00	Total DSEs	ad Crava	•	•	
Fross Receipts First Group	\$	0.00	Gross Receipts Secon	na Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
· L		'				•	
	SUBSCRIBER GROU				SUBSCRIBER GROU	_	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs		0.00	Total DSEs			0.00	
-	S	_		h Group		•	
-	\$	0.00	Total DSEs Gross Receipts Fourth	h Group	\$	0.00	
Gross Receipts Third Group	\$ \$	_			\$	•	

Name	8421				LLC	MANAGEMENT, L	ATIONS I	TELECOMMUNICA
	ID.			TE FEES FOR EACH				
9	<u>л</u> Р О	SUBSCRIBER GROU	KIEENIH	COMMUNITY/ AREA	<u>JP</u> 0	SUBSCRIBER GROU	KIEENIH	THIF COMMUNITY/ AREA
Computat				COMMONT IT AREA				COMMONT IT AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00		<u>. </u>	Total DSEs
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	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First G
4	JP	SUBSCRIBER GROU	IXTEENTH	S	JP	SUBSCRIBER GROU	TEENTH	FII
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-	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Total DSEs O.00 Total DSEs O.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Total DSEs Gross Receipts Second Group \$ 0.00 Total DSEs Gros	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA	Base Rate
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA	and
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA	Syndicate
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA	Exclusivi Surcharg
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA	for
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Partially
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA	Distant Distant
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Stations
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA	······································
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA	
Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	0.00 Total DSEs
NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA O COMMUNITY/ AREA O	0.00 Gross Receipts Second Group \$ 0.00
NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA O COMMUNITY/ AREA O	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	0.00 Base Rate Fee Second Group \$ 0.00
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	DSE CALL SIGN DSE CALL SIGN DSE
	
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Total DSEs 0.00 Total DSEs 0.00	0.00 Total DSEs 0.00
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
U.00	Olos Resemble Found Group
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWN TELECOMMUNIC			LLC			S	YSTEM ID# 8421	Name
				TE FEES FOR EACH				
	NTY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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							<u>.</u>	Syndicated
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWEN	ITY-THIRD	SUBSCRIBER GRO	UP	TWENT	Y-FOURTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
		_						
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Group \$ 0.00 Gross Receipts Fou	\$ 0.00 Gross Receipts Four Base Rate Fee Four Base for each subscriber group as shown in the boxe	0.00 Gross Receipts Fou	Gross Receipts Fou	ırtl	h Group	\$ \$	0.00	

LEGAL NAME OF OWNE			LLC			S	YSTEM ID# 8421	Name
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GRO			NTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>			-		and
	-		<u> </u>		.	-	····	Syndicated Exclusivity
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	. <mark>.</mark>		<u></u>					Partially
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Total DSEs			0.00	Total DSEs	<u> </u>	Į.	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO		İ	Y-EIGHTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	-	1			•	·		
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	8421				LLC		ATIONS	TELECOMMUNICA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GROU	TY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	JP 0	SUBSCRIBER GROU	/-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA CALL SIGN
	DSE O.00	SUBSCRIBER GROU	DSE	THIRTY COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	THIR COMMUNITY/ AREA CALL SIGN Fotal DSEs
	DSE	SUBSCRIBER GROU	DSE	THIRTY COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	THIR COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE O.00	SUBSCRIBER GROU	/-SECOND DSE Group	THIRTY COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE DSE	THIR COMMUNITY/ AREA

Name	YSTEM ID# 8421	Sì			LLC			LEGAL NAME OF OWNE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	RTY-SIXTH	THIF	UP	SUBSCRIBER GRO	TY-FIFTH	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	
		\$	Group			\$	Group	Total DSEs Gross Receipts Third C

				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and		_						
Syndicat	<u> </u>	_						
Exclusiv Surchar								
for	<u></u>	-						
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
	<u>P</u>	SUBSCRIBER GROU	ORTIETH			SUBSCRIBER GRO	Y-NINTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Fotal DSEs
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	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G
В	0.00 0.00 0.00	\$ \$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 0.00 0.00	\$ \$ SUBSCRIBER GROUNDS	up '-NINTH	rrou

Name	STEM ID# 8421	S			LLC			TELECOMMUNICA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated						H		
Exclusivity	 				<u>-</u>	H		
Surcharge for	 						···	
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Distant	<u></u>				<u> </u>			
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	Р	SUBSCRIBER GROU	-FOURTH	FORT	UP	SUBSCRIBER GRO	TY-THIRD	FOR'
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C

	CATIONS	MANAGEMENT,	LLC				8421	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		İ		I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
					<u>.</u>			Syndicate
								Exclusivity Surcharge
								for
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								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		İ		I SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN		CALL SIGN	DSE	CALL SIGN		П оли отом		
O/ LEE OIOIN	DSE	CALL SIGN			DSE	CALL SIGN	DSE	
O/LEE GIGIT	DSE	CALL SIGN	502		DSE	CALL SIGN	DSE	
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O/IEE GION	DSE	CALL SIGN	502		DSE	CALL SIGN	DSE	
O LE GION	DSE	CALL SIGN	502		DSE	CALL SIGN	DSE	
O LE GION	DSE	CALL SIGN			DSE	CALL SIGN	DSE	
	DSE	CALL SIGN			DSE	CALL SIGN	DSE	
	DSE	CALL SIGN			DSE	CALL SIGN	DSE	
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	DSE	CALL SIGN			DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	0.00	
Total DSEs		\$		Total DSEs Gross Receipts Fou		\$		
Total DSEs Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Total DSEs	Group		0.00		rth Group		0.00	

S MANAGEMEN	Γ, LLC				8421	Name
		TE FEES FOR EAC				
TH SUBSCRIBER GF		000000000000000000000000000000000000000		1 SUBSCRIBER GRO		9
		COMMUNITY/ ARE	Α			Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						Base Rate F
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	0.00	Total DSEs			0.00	
\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ST SUBSCRIBER GF	ROUP	FIF	TY-SECONE	SUBSCRIBER GRO	UP	
	0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	0.00	Total DSEs		•	0.00	
	0.00	Total DSEs	urth Group		0.00	
\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
\$				\$	-	
	A: COMPUTATION TH SUBSCRIBER GF CALL SIGN S S ST SUBSCRIBER GF	CALL SIGN DSE CALL SIGN DSE O.00 \$ 0.00 \$ 0.00 ST SUBSCRIBER GROUP	A: COMPUTATION OF BASE RATE FEES FOR EACTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN	A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIFTIETH O COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs Gross Receipts Second Group ST SUBSCRIBER GROUP FIFTY-SECOND O COMMUNITY/ AREA	A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP TH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CAL	A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP TH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DS

LEGAL NAME OF OWNE			LLC			S	YSTEM ID# 8421	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GRO			Y-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
		-	<u></u>			-		Syndicated
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			. 		<u>.</u>	-		for Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
F1F	T) / E1ET1 !				-T) (OD/T)	OLIDOODIDED ODOL	<u></u>	
	I Y-FIF I H	SUBSCRIBER GRO		İ	-TY-SIXTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Add th	e base rat			as shown in the boxes a		\$	0.00	

LEGAL NAME OF OWNE			LLC			S	YSTEM ID# 8421	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GRO			TY-EIGHTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
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Total DSEs			0.00				0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gi	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FIFT	Y-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
sroup \$	\$		0.00		n Group	\$		

DSE of Base Rate Fee and Syndicated Exclusivity Surcharge	SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A.	
Computation DSE of Base Rate Fermand Syndicated Exclusivity Surcharge		-SECOND					
Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge	0				SUBSCRIBER GROU	TY-FIRST	
DSE of Base Rate Fee and Syndicated Exclusivity Surcharge			COMMUNITY/ AREA	0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge							
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0.00	0.00		Total DSEs	0.00			Total DSEs
0.00	\$ 0.00	l Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
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	SUBSCRIBER GROUP	-FOURTH		JP	SUBSCRIBER GROU	TY-THIRD	SIX
0	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					-		
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0.00	0.00		Total DSEs	0.00			Total DSEs
0.00	\$ 0.00	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
0.00	\$ 0.00	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

Name	7STEM ID# 8421	S			LLC			TELECOMMUNICA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	(TY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	Y-EIGHTH	SIX	UP	SUBSCRIBER GRO	SEVENTH	SIXTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						 		
	0.00			Total DSEs	0.00			Total DSEs
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	0.00	<u>s</u>	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C

	STEM ID# 8421	Si			LLC			TELECOMMUNICA
<u> </u>				TE FEES FOR EACH				
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GRO	TY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	ID.	SUBSCRIBER GROU	/ SECOND	SEV/ENT)	LID	SUBSCRIBER GRO	TV EIDST	SEVEN
	0	SUBSCRIBER GROU	-SECOND	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GRO	I I-FIRST	COMMUNITY/ AREA
				COMMONT IT AREA				COMMONTI I/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-						
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C
	_	\$	Group			\$	Group	

Name	STEM ID# 8421	Sì			LC .			LEGAL NAME OF OWNE TELECOMMUNICA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
	Р	SUBSCRIBER GROU	NTY-SIXTH	SEVEN	JP	SUBSCRIBER GRO	TY-FIFTH	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE			LLC			S	YSTEM ID# 8421	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GRO				I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fee
		-						and
								Syndicated
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Total DSEs	<u> </u>		0.00	Total DSEs		ļ!	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$		
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVENT	Y-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs	-	11	0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	7STEM ID# 8421	51			LLC	LE SYSTEM: MANAGEMENT, I		TELECOMMUNICA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	'-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRO	UP	NINETY	′-SECOND	SUBSCRIBER GROU	JP	
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Nonpermitted 3.75 Stations

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)	SUBSCRIBER GROUP	NDREDTH	ONE HU	JP	SUBSCRIBER GROU	Y-NINTH	NINET
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0 9 Computation	LID	IBER GROUP	SUBSCR	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
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	UP	SUBSCRIBER GROU	FOURTH	ONE HUNDRE	JP	SUBSCRIBER GROU	D THIRD	ONE HUNDRE			
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NI	YSTEM ID# 8421	S'			LC	MANAGEMENT, L		LEGAL NAME OF OWNE TELECOMMUNICA
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ONE HUNDRED NIN	ITEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED T	WENTIETH	SUBSCRIBER GROU	JP	
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Total DSEs	1		0.00	Total DSEs	1	П	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
						-		
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE			LLC			S	YSTEM ID# 8421	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN				11		SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122 0.011	202	07.22 0.0.1	202	07.22 0.0.1	302	07.122.01.011	302	Base Rate Fee
				· · · · · · · · · · · · · · · · · · ·				and
					••••			Syndicated
					•••••	•	····	Exclusivity
			-	·			····	Surcharge
					·····		••••	for
				 				
					·····		····	Partially
	 						····	Distant
	ļ				<mark></mark>			Stations
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL CION	DOE	CALL CICAL	DOE	CALL CICN	Doc	T CALL CICN	DOE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	1							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Gross Neocipis mila G	ισαρ	<u>*</u>	0.00	Cross Receipts rou	rai Gioup	<u>*</u>	3.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the		e fees for each subsespace L (page 7)	criber group	as shown in the boxe	s above.	\$		

• 1	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
		SUBSCRIBER GROUP	NTY-SIXTH	ONE HUNDRED TWE		SUBSCRIBER GROUP	NTY-FIFTH	ONE HUNDRED TWEN
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fee								
and								
Syndicated								
Exclusivity								
Surcharge								
for								
Partially								
Distant							<u> </u>	
Stations								
_	0.00			Total DSEs	0.00			Total DSEs
_	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED TWEN		SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
)	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
""	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00		1	Total DSEs	0.00		<u> </u>	Total DSEs
_				11	0.00	•		0 5
_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G

LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								Name
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP			THIRTIETH	I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fee
								and
								Syndicated
			<u>.</u>				<u></u>	Exclusivity
						+		Surcharge for Partially Distant Stations
						+		
						-	····	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED THIRT	Y-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	· oup	<u> </u>	0.00		Jioup	[*	3.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								Name
	RTY-THIRD	SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u> </u>					Syndicated
								Exclusivity
								Surcharge for Partially Distant Stations
	. <mark>.</mark>		<u></u>					
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Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
			2.00				2.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED THIR	IY-FIFIH	SUBSCRIBER GRO				I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	. <mark> </mark>		<mark></mark>				<u></u>	
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	·		<u></u>				<u></u>	
	·		<u> </u>		<u></u>	<u> </u>		
Total DSEs			0.00	Total DSEs		П	0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

Mana	YSTEM ID# 8421								
		IBER GROUP	SUBSCR	TE FEES FOR EACH					
0		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED THIR		SUBSCRIBER GROUI	-SEVENTH	ONE HUNDRED THIRTY-	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and						-			
Syndicated									
Exclusivity									
Surcharge						-			
for Partially Distant Stations									
	<u></u>						<mark></mark>		
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	0.00			Total DSEs	0.00		-	Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	TY-NINTH	ONE HUNDRED THIRT	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
								•••••••••••	
			1						
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						-			
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

Name	8421				LC	MANAGEMENT, L	R OF CABL ATIONS I	TELECOMMUNICA
		IBER GROUP	SUBSCRI	ATE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROUP	Y-SECOND	†		SUBSCRIBER GROUP	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
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	Total DSEs 0.00							
	0.00	\$	I Group	Gross Receipts Secon	0.00			Gross Receipts First Gr
		\$	l Group		0.00	\$	oup	Gross Receipts First Gr
		\$			0.00	\$	·	·
	0.00		Group	Gross Receipts Secon	0.00		oup	ase Rate Fee First Gr
	0.00	\$	Group	Gross Receipts Secon	0.00	\$	oup	ONE HUNDRED FOR
	0.00	\$	Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR	0.00	\$	oup	Gross Receipts First Gr Base Rate Fee First Gr ONE HUNDRED FOR COMMUNITY/ AREA CALL SIGN
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR
	0.00 0.00 DSE	\$ I SUBSCRIBER GROUP	Group Y-FOURTH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FOR COMMUNITY/ AREA
	0.00 0.00 DSE	SUBSCRIBER GROUP CALL SIGN	Y-FOURTH DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	SUBSCRIBER GROUP CALL SIGN	OUP TY-THIRD DSE	ONE HUNDRED FOR COMMUNITY/ AREA CALL SIGN Ootal DSEs
	0.00 0.00 DSE	\$ I SUBSCRIBER GROUP	Y-FOURTH DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROUP	OUP TY-THIRD DSE	ONE HUNDRED FOR

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC 8421								
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
•		SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED FO		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED FOR	
9 Computation	COMMUNITY/ AREA 0							COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
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	0.00			Total DSEs	0.00	DSEs			
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	Base Rate Fee Second Group \$ 0.00					\$	roup	Base Rate Fee First Gr	
		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY-	
	COMMUNITY/ AREA 0			0		OMMUNITY/ AREA			
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00		1	Total DSEs	0.00		I I	Total DSEs	
1	0.00								
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER TELECOMMUNICA			LC .			SY	8421	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH SUBSCRIBER GROUP								
ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP				i i	9			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
						-		
Total DSEs			0.00	Total DSEs				
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second				
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU	IP	ONE HUNDRED FIFTY	-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	AREA0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
se Rate Fee: Add the			riber group	as shown in the boxes a	above.	\$		

PARTH SUBSCRIBER GROUP O Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 0.00	DSE	TE FEES FOR EACH ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN Total DSEs				BL ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN	
Computation of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations Output \$ 0.00	DSE	CALL SIGN	0			COMMUNITY/ AREA	
Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Dup \$ 0.00		CALL SIGN		CALL SIGN	DSE		
E CALL SIGN DSE Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations O.00 Dup \$ 0.00			DSE	CALL SIGN	DSE	CALL SIGN	
and Syndicate Exclusivit Surcharge for Partially Distant Stations O.00 pup \$ 0.00	d Group	Total DSEs					
Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 pup \$ 0.00	d Group	Total DSEs					
Exclusivity Surcharge for Partially Distant Stations 0.00 pup \$ 0.00	d Group	Total DSEs					
Surcharge for Partially Distant Stations O.00 pup \$ 0.00	d Group	Total DSEs					
for Partially Distant Stations O.00 pup \$ 0.00	d Group	Total DSEs					
Distant Stations	d Group	Total DSEs					
	d Group	Total DSEs					
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\$ 0.00 aup \$ 0.00	d Group	Total DSEs					
s 0.00 s 0.00	d Group	Total DSEs			•		
s 0.00 s 0.00	d Group	Total DSEs					
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\$ 0.00 aup \$ 0.00	d Group	Total DSEs					
\$ 0.00 aup \$ 0.00	d Group	Total DSEs					
s 0.00	d Group		0.00			Total DSEs	
		Gross Receipts Second Group		\$ 0.00		Gross Receipts First Gr	
IXTH SUBSCRIBER GROUP	d Group	Base Rate Fee Second Group		\$ 0.00		3ase Rate Fee First Gr	
	FTY-SIXTH	ONE HUNDRED FI	JP	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF	
0		COMMUNITY/ AREA	0		COMMUNITY/ AREA		
E CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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0.00	1	Total DSEs	0.00	II.		Total DSEs	
	Group	Gross Receipts Fourtl	0.00	\$	Group	Gross Receipts Third G	
	•				•		
s 0.00	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G	

Name	YSTEM ID# 8421	S			LC .			LEGAL NAME OF OWNE TELECOMMUNICA	
		BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
9 Computation		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FIF	•	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FIFTY-	
	COMMUNITY/ AREA 0						COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
Syndicated									
Exclusivity									
Surcharge									
for	<u> </u>		ļ				·		
Partially Distant									
Stations	<u> </u>						·		
Glations						-	·		
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	0.00		•	Total DSEs	0.00	SES 0.00			
	up \$ 0.00			Gross Receipts Second Group		\$	roup	Gross Receipts First Gr	
	Base Rate Fee Second Group \$ 0.00					\$	roup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	TY-NINTH	ONE HUNDRED FIFT	
	0	COMMUNITY/ AREA			0	DMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	

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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name TELECOMMUNICATIONS MANAGEMENT, LLC 8421 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name TELECOMMUNICATIONS MANAGEMENT, LLC 8421 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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