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					
20/20/20/	\$					
08/28/2018	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	2018/1							
B Owner	Instructions: Give the full legal name of the owner of the cable system. It rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner condular framework of the accounting period, a single statement of account and royalty fee payment covering Check here if this is the system's first filing. If not, enter the LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE CABLE ONE, INC.	ucts the business of the cable systency only the owner on the last day of the entire accounting periodine system's ID number assigned be	em the accounting period should s	•				
				01455220181				
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626			014552 2018/1				
С	INSTRUCTIONS: In line 1, give any business or trade name names already appear in space B. In line 2, give the mailing							
System	1 IDENTIFICATION OF CABLE SYSTEM:	ig address of the system, it dill	orone morn and address give					
	MAILING ADDRESS OF CABLE SYSTEM: 100 N. VICTORY ROAD, P.O. BOX 1689 (Number, street, rural route, apartment, or suite number) NORFOLK, NE 68702-1689 (City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page	e 1b. Identify only the frst comm	nunity served below and rel	ist on page 1b				
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First Community	NORFOLK	NE						
	Below is a sample for reporting communities if you report	t multiple channel line-ups in S STATE	pace G. CH LINE UP	SUB GRP#				
	CITY OR TOWN (SAMPLE) Alda	STATE	CH LINE UP	SUB GRP#				
Sample	Alliance	MD	В	2				
	Gering	MD	В	3				

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

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 014552 CABLE ONE, INC. 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# **NORFOLK** NE First **BATTLE CREEK** Α NE Community **BEEMER** NE В **EASTERN HEIGHTS** NE Α **HADAR** NE Α 4 HOSKINS NE Α See instructions for **MADISON** NE A additional information on alphabetization. **MADISON COUNTY** NE Α 1 **PIERCE** NE 4 **PILGER** NE Α **RANDOLPH** NE Α 4 Add rows as necessary. **TILDEN** A 3 NE В 5 **WEST POINT** NE **WISNER** NE В 5 **WOODLAND PARK** NE

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

014552

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		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	4,049	\$ 20.00	BULK RESIDENTIAL	911	620.00	
 Service to additional set(s) 	7,086					
 FM radio (if separate rate) 						
Motel, hotel	201	3.5-10.00				
Commercial						
Converter						
Residential						
Non-residential						
1	I	I	1	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	CAT	EGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	8.95-14.95	Motel, hotel	1040.00	EXP	ANDED BASIC	\$ 33.00
 Pay cable—add'l channel 		Commercial	1040.00			
Fire protection		Pay cable	515.00			
 Burglar protection 		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	0-75.00	Burglar protection				
 Additional set(s) 	1030.00	Other services:				
 FM radio (if separate rate) 		Reconnect	\$ 30.00			
Converter		Disconnect				
		Outlet relocation				
		Move to new address	\$ 15.00			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 014552 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) KCAU-DT1 9 Ν No SIOUX CITY, IA KCAU-DT2 9 No SIOUX CITY, IA See instructions for additional information **KETV** 20 Ν Yes 0 OMAHA, NE on alphabetization. Ν No **KMEG** 39 SIOUX CITY, IA I-M KNEN-3 35 No NORFOLK, NE KNEN-LD 35 I-M No NORFOLK, NE **KOLN** 10 Ν Yes LINCOLN, NE 0 **KPTH** 49 1 No SIOUX CITY, IA SIOUX CITY, IA KTIV-DT1 41 N-M No KTIV-DT2 41 I-M No SIOUX CITY, IA KXNE-DT1 19 E-M No NORFOLK, NE KXNE-DT2 19 E-M No NORFOLK, NE **WOWT** 22 Ν Yes 0 OMAHA, NE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name

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).

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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		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		
KCAU-DT1	9	N	No		SIOUX CITY, IA		
KCAU-DT2	9	I	No		SIOUX CITY, IA		
KETV	20	N	Yes	0	OMAHA, NE		
KMEG	39	N	No		SIOUX CITY, IA		
KMTV	45	N	No		OMAHA, NE		
KOLN	10	N	Yes	0	LINCOLN, NE		
KPTM	43	I	No		OMAHA, NE		
KTIV-DT1	41	N-M	No		SIOUX CITY, IA		
KTIV-DT2	41	I-M	No		SIOUX CITY, IA		
KXNE-DT1	19	E-M	No		NORFOLK, NE		
KXNE-DT2	19	E-M	No		NORFOLK, NE		
KXVO	38	I	No		OMAHA, NE		
WOWT	22	N	Yes	0	OMAHA, NE		

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name		
CABLE ONE, IN					014552			
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:								
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		CHANN	EL LINE-UP	AC				
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			

CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power televisic carried by your cable system during the accounting period, except (1) stations carried only on a part-time be FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [576.59(q)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations of the 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 substitus 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)—station was carried only on a substitute basis. - 1st the station here, and also in space I, if the station was carried both on a substitute basis and also on st basis. For further information concerning substitute basis stations, see page (v) of the general instruction in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting ove its community of icense. For example, WRC is channel 4 in Washington, D.C. This may be different from the 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 not example of the part of the station of the sta		
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carried by your cable system during the accounting period, except (1) stations carried only on a part-time ba FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [5 6.59(d)(2) and (4), 76.61(e)(2) and (4), 07 76.63 (g) (referring to 76.61(e)(2) and (4))]; and (2) certain stations of 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 substibasis under specife 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)—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 substitute basis. For further information concerning substitute basis stations, see page (v) of the general instruction in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, each multicast stream associated with a station according to its over-the-air designation. For example, repor cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting ove its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 needucational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network), "N-M" (f		
1. CALL SIGN CHANNEL OF STAN CHANNEL OF CHANNEL OF CHANNEL CHANNEL OF CHANNEL OF CARRIAGE CHANNEL LINE-UP AD 4. DISTANT? 5. BASIS OF CARRIAGE	asis under sections carried on a situte program -if the some other as located etc. Identify rt multi-rexample er-the-air in the channel concommercial and the channel soncommercial and t	Primary Transmitters Television
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STA		
SIGN CHANNEL OF (Yes or No) CARRIAGE	ATION	
NUMBER STATION (If Distant)	TION	

FORM SA3E. PAGE 3.							
					SYSTEM ID#	Name	
CABLE ONE, IN					014552		
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:							
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,		CHANN	EL LINE-UP	AE			
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		
CABLE ONE, IN	NC.				014552	Name		
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 bas	. , . ,	,	•	r(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:		
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:								
station was carried	only on a subs	titute basis.		·	ent and Program Log)—if the			
	formation cond				ute basis and also on some other f the general instructions located			
		•		. •	s such as HBO, ESPN, etc. Identify			
			•	•	tion. For example, report multi- n stream separately; for example			
Column 2: Give the its community of licens	se. For example	e, WRC is Ch	•		on for broadcasting over-the-air in may be different from the channel			
on which your cable sy Column 3: Indicate	,		tation is a netwo	ork station, an inde	ependent station, or a noncommercial			
(for independent multion	cast), "E" (for n	oncommercia	l educational), o	r "E-M" (for nonco	ast), "I" (for independent), "I-M" mmercial educational multicast).			
	ation is outside	the local serv	vice area, (i.e. "c	distant"), enter "Ye	s". If not, enter "No". For an ex-			
	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	stating the basis on which your			
carried the distant stat	ion on a part-tii	me basis beca	ause of lack of a	ctivated channel o	, ,			
of a written agreement	entered into o	n or before Ju	ıne 30, 2009, be	tween a cable sys	payment because it is the subject 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.			
		CHANN	EL LINE-UP	AF				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	0. LOCATION OF STATION			
	NUMBER	STATION	(10001111)	(If Distant)				
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

FORM SA3E. PAGE 3.					Account	14G 1 EMOD: 2010/1	
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	N	
CABLE ONE, IN	IC.				014552	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by our 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)							
		CHANN	EL LINE-UP	AG			
4 0411	2 D'CACT	3. TYPE		_	6. LOCATION OF STATION		
1. CALL SIGN	2. B'CAST CHANNEL	OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	0. LOCATION OF STATION		
	NUMBER	STATION	((If Distant)			
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FORM SA3E. PAGE 3.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:					Name	
CABLE ONE, IN	NC.				014552	Name	
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 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							
	ch station's call	•		. •	s such as HBO, ESPN, etc. Identify		
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list each	tion. For example, report multi- n stream separately; for example		
its community of licens on which your cable sy	se. For example stem carried th	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	on for broadcasting over-the-air in may be different from the channel		
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (for network multic	ependent station, or a noncommercial ast), "I" (for independent), "I-M" pmmercial educational multicast).		
For the meaning of the	ese terms, see ation is outside	page (v) of the the local serv	e general instruction	ctions located in the	ne paper SA3 form. es". If not, enter "No". For an ex-		
Column 5: If you had cable system carried to	ave entered "Y he distant statio	es" in column on during the	4, you must cor accounting perion	mplete column 5, s od. Indicate by ent	stating the basis on which your tering "LAC" if your cable system		
of a written agreement	ion of a distant entered into o	multicast stre n or before Ju	eam that is not s ine 30, 2009, be	ubject to a royalty tween a cable sys	payment because it is the subject 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		
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
Trotor in you are utilizing			EL LINE-UP		oralino into up.		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			

FORM SA3E. PAGE 3.						•			
LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#	Name			
CABLE ONE, IN									
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									
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 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 o									
		CHANN	EL LINE-UP	Al					
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.					Account	NG 1 EMOD. 2010/1
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Nama
CABLE ONE, IN	IC.				014552	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify even yystem during the one in effect or in each case where in effect or in effe	y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: tit in space I (the stion was carried the basis station to the period of the reported in origination to the reported in origination is a network of the period of the stion is a network, "N-M" (I educational), or egeneral instruct 4, you must corraccounting period ause of lack of a seam that is not some 30, 2009, be sociation repreyou carried the of the general in truct. Stations, e the name of the	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of both on a substitution, see page (v) on a program service: er-the-air designaticolumn 1 (list each the television station of the television of	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expaper says to be subject estem or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. et to which the station is licensed by the enter the station is identifed.	Primary Transmitters: Television
		CHANN	EL LINE-UP	AJ		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	U. LOCATION OF STATION	
	NUMBER	STATION	((If Distant)		
	• • • • • • • • • • • • • • • • • • • •					
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FORM SA3E. PAGE						NG PERIOD: 2018
	OWNER OF CABLE S	YSTEM:			SYSTEM ID#	Name
CABLE ONE	, INC.				014552	
PRIMARY TRANSM	ITTERS: TELEVISI	ON				
In General: In space carried by your cab FCC rules and regut 76.59(d)(2) and (4) substitute Bas basis under specife. Do not list the station was carrelist the station was carrelist the station her basis. For further in the paper SA: Column 1: List each multicast streat stream as "WETA-simulcast). Column 2: Give its community of licon which your cable Column 3: Indiceducational station (for independent meaning of Column 4: If the planation of local second of local second of a written agreement of a written agreement of a written agreement of "E" (exempt). For each substitute is the system a tion "E" (exempt).	ce G, identify everable system during the system during the system during the system during the system carried to care a system carried the channel numbers. For example explaines, by entering the least in each case, by entering the least in system carried the cate in each case, by entering the least in each case, and also in system carried the cate in each case, by entering the least in each case, by entering the least in each case, and the distant station on a part-tinission of a distantent entered into cond a primary transfor simulcasts, also	y television st he accounting in June 24, 19 (4), or 76.63 (14), o	g period, except g period, except 81, permitting the referring to 76.6 paragraph. It is shown to the ation was carried to the total basis station report origination cording to its own to be reported in the assistant of the assistant of the report origination cording to its own to be reported in the assistant of	(1) stations carried to carriage of certa- 1(e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on a program service to the television station of the television o	es. If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. expaper because it is the subject estem or an association representing ery transmitter, enter the designa- ether basis, enter "O." For a further	G Primary Transmitters: Television
					ed in the paper SA3 form. to which the station is licensed by the	
		. ,		•	which the station is identifed.	
Note: If you are uti	nzing multiple cha	•	EL LINE-UP		channer inne-up.	
	o DIOAGE				a LOCATION OF STATION	
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	
		1				

FORM SA3E. PAGE 3.						NG PERIOD: 2018/
CABLE ONE, IN		/STEM:			SYSTEM ID# 014552	Name
,		ON .			01-1002	
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you he cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a	G, identify even during the consistence of the cons	y television standard accounting in June 24, 19 4), or 76.63 (in the next prespect to any ations, or auth G—but do listitute basis. In the standard accounting substitute basis. In a station account	period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: tit in space I (the stion was carried tute basis station reported in origination coording to its own be reported in origination is a network), "N-M" (I educational), one general instructive area, (i.e. "origeneral instructi	(1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your content of the Special Statement of the sta	es". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
explanation of these the	ree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, giv	of the general in U.S. stations, e the name of the	instructions locate list the community ne community with	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AL		
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.					ACCOUNT	ING PERIOD: 2018/1
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				014552	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the constant of	he accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.6° paragraph.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the	CC rules, regular here in space only on a subs and also in spatioformation concurm. The station's call associated with associated with a second case of the station's call associated with a concurrent of the second case of the station is outside to a station is outside to a station on a part-tilicion of a distant the entered into of a primary trans simulcasts, also ince categories	ations, or auth G—but do list titute basis. Ince I, if the state erning substit sign. Do not read a station acceptate a station acceptate a station. In a station are station. In a station are station are a station and uning the ease in column are basis because a station and uning the acceptate a station are to be fore Jumitter or an acceptate a station are the station and uning the acceptate a station are the stationary and are the stationary and are the stationary and are the stationary are the stationary are the stationary and are the stationary are the	orizations: It it in space I (the ation was carried cute basis station report origination cording to its ove be reported in co assassigned to te annel 4 in Wash ration is a netwo retwork), "N-M" (to I educational), or regeneral instruction 4, you must con accounting pericates of lack of a ream that is not so and 30, 2009, be resociation represented the co of the general in the	e Special Statemer I both on a substitus, see page (v) of a program services er-the-air designate column 1 (list each the television statifyington, D.C. This in the television should be the televisio	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Television
FCC. For Mexican or C Note: If you are utilizing					which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AM		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	†					1

FORM SA3E. PAGE 3.							
	/NER OF CABLE SYSTEM	:				SYSTEM ID#	Name
CABLE ONE,	INC.					014552	
PRIMARY TRANSMIT	TERS: TELEVISION						
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program be Substitute Basis basis under specific F • Do not list the static station was carrier • List the station here basis. For further in the paper SA3 (Column 1: List each multicast strear cast stream as "WET WETA-simulcast). Column 2: Give the its community of licer on which your cable Column 3: Indicateducational station, be (for independent mulfor the meaning of the Column 4: If the splanation of local ser Column 5: If you cable system carried the distant star For the retransmis of a written agreement the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give the FCC. For Mexican or	system during the acceptions in effect on June 76.61(e)(2) and (4), or asis, as explained in the Stations: With respective control of the Stations with respective control of the Stations of the Station's call sign. In associated with a station of the channel number the see. For example, WR system carried the state in each case whether one of the station is outside the low in the distant station dure attion on a part-time bate in the distant station dure attion on a part-time bate in the distant station dure attion on a part-time bate in the station of a distant multimate of a primary transmitter or simulcasts, also enter three categories, see the location of each station each experience of each station of each station each each each each experience of each each each each each each each each	counting pee 24, 1981, 76.63 (reference ext paret to any distortion or authorizated of authorization of authorizat	eriod, except permitting the permitting to 76.6 agraph. stant stations: in space I (the permitting to 10 assigned to 10 assign	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the special Statement of both on a substitution, see page (v) of the program services the television station of the television of the telev	s". If not, enter "No". For an paper SA3 form. tating the basis on which yeering "LAC" if your cable sy apacity. payment because it is the stem or an association reprey transmitter, enter the desner basis, enter "O." For a fid in the paper SA3 form. to which the station is licenwhich the station is identification.	under ons ed on a program e other cated Identify ulti- mple e-air in nannel mmercial -M" cast). ex- our stem subject ssenting igna- urther ssed by the	Primary Transmitters: Television
	С	HANNEL	LINE-UP	AN			
1. CALL SIGN	2. B'CAST 3. TY	PE 4.	DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATIO	N	

FORM SA3E. PAGE 3	i.					UNTING PERIOD: 2018
LEGAL NAME OF ON		/STEM:			SYSTEM 014	Name
CABLE ONE,					0140	002
carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program be Substitute Basis basis under specifc Do not list the statis station was carrie List the station here basis. For further in the paper SA3 Column 1: List e each multicast strea cast stream as "WE" WETA-simulcast). Column 2: Give its community of lice on which your cable Column 3: Indica educational station, (for independent mu For the meaning of t Column 4: If the planation of local se Column 5: If you cable system carried carried the distant st For the retransmi of a written agreeme the cable system an tion "E" (exempt). Fo	e G, identify evente system during the attons in effect or 76.61(e)(2) and (basis, as explaine as Stations : With a FCC rules, regulation here in space and also in space and also in space information concomments of the station's call massociated with TA-2". Simulcast the channel numbers. For example system carried thate in each case who were the station is outside rvice area, see part and the distant statication on a part-time sistent entered "You have entered into on a part-time sistent entered into on a part-time sistent entered into on a primary transor simulcasts, also	y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in a station account in a station. In the station account in a station account in a station account in a station account in a station. In the local service in column account in a station in column account in a station account	g period, except 81, permitting the referring to 76.6 paragraph. It is a solution was carried that the referring to 76.6 paragraph. It is in space I (the referring to result of the report origination cording to its own be reported in compared to the repo	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the carried by the carried b	s". If not, enter "No". For an expaper SA3 form. Stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designather basis, enter "O." For a further	Primary Transmitters: Television
Column 6: Give	the location of ea r Canadian statio	ch station. Fo	r U.S. stations, le the name of th	list the community ne community with	d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AO		
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.					ACCOUNTI	NG PERIOD: 2018/1
LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				014552	Name
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 bas Substitute Basis S	Primary Transmitters: Television					
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
station was carried List the station here, basis. For further in						
	ch station's call	•		. •	s such as HBO, ESPN, etc. Identify	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list each	tion. For example, report multi- n stream separately; for example	
its community of licens on which your cable sy	se. For example stem carried the	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	on for broadcasting over-the-air in may be different from the channel	
educational station, by	entering the le	etter "N" (for n	etwork), "N-M" (for network multic	ependent station, or a noncommercial ast), "I" (for independent), "I-M" pmmercial educational multicast).	
	ation is outside	the local serv	vice area, (i.e. "c	distant"), enter "Ye	es". If not, enter "No". For an ex-	
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 designa- tion "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 FCC. For Mexican or 0	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.					
, , , , , , , , , , , , , , , , , , , ,	.3	•	EL LINE-UP	•		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		

CABLE ONE, INC. 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.	A3E. PAGE 3. . NAME OF OWNER O	SYSTEM II	
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: 10 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. 1. stat 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 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). "In (f		0145	Name
rearried 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(a)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(4) and (4), 76.61(e)(4) and (4), 76.6	Y TRANSMITTERS:		
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	ral: In space G, ide by your cable system as and regulations in (2) and (4), 76.61(e) e program basis, as titute Basis Station der specific FCC rullist the station here in was carried only e station here, and a factor of the station of the stati	a part-time basis under it programs [sections ration stations carried on a sem on a substitute program rogram Log)—if the and also on some other trail instructions located HBO, ESPN, etc. Identify example, report multiple parately; for example adcasting over-the-air in fferent from the channel station, or a noncommercial or independent), "I-M" educational multicast). SA3 form. enter "No". For an example shads on which your C" if your cable system because it is the subject association representing ther, enter the designation of the station is licensed by the extention is identified.	G Primary Transmitters Television
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE	you are utilizing mu	ne-up. 	
SIGN CHANNEL OF (Yes or No) CARRIAGE			
		TION OF STATION	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 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 specife 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.
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its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel
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 AR
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION
SIGN CHANNEL OF (Yes or No) CARRIAGE (If Distant)

FORM SA3E. PAGE 3.					Account	14G 1 EMOD: 2010/1
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	N
CABLE ONE, IN	IC.				014552	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify even dystem during the long in effect or is a explaine stations: With a complex and also in spatformation concern. In the station's call associated with example stem carried the in each case we entering the least), "E" (for not example is terms, see pation is outside ce area, see pation on a part-time ion of a distant entered into on a primary trans is mulcasts, also a canadian station of each canadian station canadian	y television structure accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the state of the station accounting substitute sign. Do not represent the FCC in a station account as treams must be the FCC in the station. Whether the station. Whether the station. Whether the station and uning the same basis became the station of the station. The station of the station of the station of the station of the station. For the station of the station of the station of the station of the station. For the station of the	period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: tit in space I (the stion was carried tute basis station reported in origination coording to its own be reported in origination is a network), "N-M" (I educational), or egeneral instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, title aream that is not some the solution of lack of a seam that is not some 30, 2009, be ssociation repreyou carried the pof the general in true. Stations, ethe name of the	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of both on a substitution, see page (v) on a program service: er-the-air designaticolumn 1 (list each the television station of the television of the telev	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expaper says the subject estem or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. expected to which the station is licensed by the expected to which the station is identifed.	Primary Transmitters: Television
		CHANN	EL LINE-UP	AS		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	U. LOCATION OF STATION	
	NUMBER	STATION	((If Distant)		
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FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2018/1	
LEGAL NAME OF OWNER OF CABLE SYSTEM:					SYSTEM ID#	Name	
CABLE ONE, II	NC.				014552	Name	
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 76,50(d)(2) and (4), 76,61(a)(2) and (4), or 76,63 (referring to 76,64(a)(2) and (4)); and (2) portain stations carried on a							
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 S basis under specifc FC	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:						
station was carried	only on a subs	titute basis.		·	ent and Program Log)—if the		
	formation cond				rute basis and also on some other f the general instructions located		
		•		. •	s such as HBO, ESPN, etc. Identify		
			•	•	tion. For example, report multi- n stream separately; for example		
Column 2: Give the its community of licens	se. For example	e, WRC is Ch	•		on for broadcasting over-the-air in may be different from the channel		
on which your cable sy Column 3: Indicate	,		tation is a netwo	ork station, an inde	ependent station, or a noncommercial		
(for independent multion	cast), "E" (for n	oncommercia	l educational), o	r "E-M" (for nonco	ast), "I" (for independent), "I-M" ommercial educational multicast).		
	ation is outside	the local serv	vice area, (i.e. "c	distant"), enter "Ye	es". If not, enter "No". For an ex-		
	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	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 identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						
,		• ′	EL LINE-UP	·			
1 CALL	2. B'CAST	3. TYPE	I	5. BASIS OF	6. LOCATION OF STATION		
1. CALL SIGN	CHANNEL	OF	4. DISTANT? (Yes or No)	CARRIAGE	6. LOCATION OF STATION		
0.014	NUMBER	STATION	(100 01 110)	(If Distant)			
							

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

FORM SA3E. PAGE 3.					ACCOUN	ITING PERIOD: 2018/1
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID	# Name
CABLE ONE, IN	IC.				01455	2 Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried of List the station here, as basis. For further into in the paper SA3 for Column 1: List each each multicast stream as "WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multice For the meaning of the Column 4: If the state planation of local service Column 5: If you had cable system carried the carried the distant stati For the retransmissi of a written agreement the cable system and at tion "E" (exempt). For sexplanation of these th Column 6: Give the FCC. For Mexican or Column 6: Column 6: Give the FCC. For Mexican or Column 6: Give the FCC. For Mexican or Column for Column 6: Give the FCC. For Mexican or Column for Column 6: Give the FCC. For Mexican or Column for Colu	ystem during the ons in effect or .61(e)(2) and (.61(e)(2) and (.61(e)(2)) and (.61(e)(2)) and (.61(e)(2)) and (.61(e)(2)) and (.61(e)(2)) and also in spatormation concern. In station's call associated with .2". Simulcast see channel numbers and also in spatormation concern. In station's call associated with .2". Simulcast see the carried the in each case we entering the least), "E" (for no see terms, see pation is outside the carea, see pation is outside the carea, see pation on a part-time on of a distant entered into or a primary transistimulcasts, also ree categories, a location of each andian station as a second careal careal and an station of each and an attain station of each and an attain station of each and an attain station as a second careal	ne accounting a June 24, 194), or 76.63 (if d in the next espect to any itions, or auth G—but do listitute basis. It it it it be staterning substitute sign. Do not reast a station acceptation of the station acceptation of the station. It is it	period, except 81, permitting the referring to 76.6 paragraph. I distant stations orizations: It it in space I (the stion was carried ute basis station eport origination cording to its own be reported in the station is a network), "N-M" (I educational), or egeneral instruct 4, you must correct accounting period ause of lack of a sam that is not some 30, 2009, be association represented in the general in truct of the general in the of th	(1) stations carrie to carriage of certa 1(e)(2) and (4))]; as carried by your content of the carried state of the c	paper SA3 form. stating the basis on which your ering "LAC" if your cable system rapacity. payment because it is the subject stem or an association representing y transmitter, enter the designation the paper SA3 form. to which the station is licensed by the which the station is identifed.	Primary Transmitters: Television
Note: If you are utilizing	y multiple chai	•	•		criarinei iine-up.	
		CHANN	EL LINE-UP	AU		
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.					ACCOUNTI	NG PERIOD: 2018/1
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				014552	
carried by your cable s FCC rules and regulati	G, identify every system during the ons in effect or 5.61(e)(2) and (y television st he accounting n June 24, 19 4), or 76.63 (r	period, except 81, permitting th referring to 76.6	(1) stations carrie le carriage of certa	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these th Column 6: Give the	stations: With a CC rules, regular here in space only on a substand also in spatformation concurn. In station's call associated with associated with associated with associated with a channel numbers. For example with each case we entering the least), "E" (for noise terms, see particular associated with in each case we entered "You he distant station of a distant entered into on a part-tinion of a distant entered into on a primary trans is imulcasts, also aree categories e location of each according to the control of a canadian station.	respect to any ations, or auth G—but do listitute basis. ace I, if the staterning substitute basis. The state of the station act at a station act at a station act at a station. Whether the station. Whether the station. Whether the station. Whether the station apage (v) of the the local servage (v) of the es" in column on during the ame basis becar multicast stream or before Jumitter or an act of enter "E". If If I see page (v) ch station. Forns, if any, giv	r distant stations or distant stations orizations: tit in space I (the ation was carried tute basis station report origination or be reported in conding to its over be reported in conding as assigned to the annel 4 in Wash ration is a network (i.e. "condition of the general instruction of the general instruction of the general instruction of the general instruction of the general in true of the general in true. Substitutions, lie the name of the general in true.	e Special Statemed both on a substitus, see page (v) of a program services er-the-air designate column 1 (list each the television statifington, D.C. This interest of the television statifington, D.C. This interest on the television statification in the television in th	s". If not, enter "No". For an expaper SA3 form. Stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Television
		CHANN	EL LINE-UP	AV		
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	IED OF CARLE O	/CTEM:			SYSTEM ID#	
CABLE ONE, IN		rSTEM:			014552	Name
PRIMARY TRANSMITTE		ON				
In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	G, identify every system during the ions in effect of 3.61(e)(2) and (sis, as explaine	y television st he accounting n June 24, 19 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or Co	CC rules, regular here in space only on a subs and also in spatformation concurn. The station's call associated with a channel number of the station's call associated with a channel number of the station of the station is outsided to the channel number of the station is outsided to the channel number of the station is outsided to the channel number of the station is outsided to the channel number of the station of a distant station of a distant and the channel number of the station of a distant and the channel number of the station of a distant and the channel number of the station of a distant and the channel number of the station of a distant and the station of a distant a	ations, or auth G—but do listitute basis. ace I, if the staterning substiff sign. Do not read a station ace streams must be the FCC heart with the local service and the local service in column on during the me basis becard multicast stream or before Jumitter or an acceptage (v) chistation. For each of the local service in column on during the service in column conductions the local service in column conductions are local services.	orizations: t it in space I (the ation was carried cute basis station report origination cording to its over the reported in the annel 4 in Wash ration is a networ etwork), "N-M" (I educational), or e general instruct in the general instruct in the general instruct is as as as a seam that is not seam that is no	de Special Statement of both on a substitute, see page (v) or a program service er-the-air designal column 1 (list each the television statington, D.C. This limit of the television statington, D.C. This limit of the television, an indefor network multicular "E-M" (for noncoctions located in the inplete column 5, so do. Indicate by entitivated channel of subject to a royalty stween a cable system of the primary channel on any of instructions locate list the community with	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your cering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing ry transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Television
Note: If you are utilizing	ig multiple chai		EL LINE-UP	•	channel inte-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: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014552 CABLE ONE. INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2018/1	
LEGAL NAME OF OWNER OF CABLE ONE, INC.	CABLE SYST	ΓΕΜ:					SYSTEM ID# 014552	Name	
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG						
	00	0 17 (1						ı	
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Note: If your answer is "No		rest of this pag	ge blank. If your answer is '	'Yes," you mu	ust comple		· · · · · · · · · · · · · · · · · · ·	Program Log	
log in block 2.			· ·						
2. LOG OF SUBSTITUTE In General: List each subs			te line. I lee abbreviations v	wherever nos	sible if the	ir meaning	ie		
clear. If you need more spa	ice, please a	attach addition	al pages.						
Column 1: Give the title period, was broadcast by a			ision program (substitute p						
under certain FCC rules, re	gulations, o	r authorization	s. See page (vi) of the gen	eral instructio	ns located	in the pape	r		
SA3 form for futher informa				"basketball".	List speci	fic program			
titles, for example, "I Love I Column 2: If the program			r "Yes." Otherwise enter "N	lo."					
Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	m.		F00			
the case of Mexican or Car			ne community to which the community with which the			e FCC or, ir	1		
Column 5: Give the mor	nth and day		tem carried the substitute			with the mo	onth		
first. Example: for May 7 giv		substitute pro	gram was carried by your o	able system	List the tir	nes accurat	elv		
to the nearest five minutes.							o., _y		
stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that v	our evetem	was requir	ed		
to delete under FCC rules a							eu		
gram was substituted for pr		that your syste	em was permitted to delete	under FCC r	ules and re	egulations in	1		
effect on October 19, 1976.									
					EN SUBST		7. REASON		
	2. LIVE?	E PROGRAM			IAGE OCO	TIMES	FOR DELETION		
TITLE OF PROGRAM	Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM				
					<u> </u>				
						_			
						_			
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						_			
	 								
									
					 				
					 				
					<u> </u>	<u> </u>			
									
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						_			
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	 	 	 		 			1	

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

014552

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred 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

LEG	AL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC.			SYSTEM ID# 014552	Name			
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 1,240,977.00								
IMF	PORTANT: You must complete a statement in space P concerning gross receipts.			of 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 b ck 3 below.	e ente	red on li	ne 1 of				
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entere	d on line	2 in block				
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered	on line				
Block 1	least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K							
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.							
	This is your minimum fee.	\$		13,204.00				
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column television. No part 9, block A of the DSE schedule. If none, enter zero	nn 4, y od?	ou mus	t check				
3	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	\$		3,813.73				
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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7		\$	13,204.00	Cable systems submitting			
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	r		0.00	additional deposits under Section 111(d)(7)			
	(Interest Worksheet)			0.00	should contact the Licensing			
	Line 4. FILING FEE		\$	725.00	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	\$		13,929.00	form for submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	age (i) of	f the				

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#						
Name	CABLE ONE, INC.		014552						
	CHANNELS								
M		number of channels on which the cable system carried television broadcast	stations						
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels	to the season seed (2) the cause by the retained to the retained or a contracted or an interest of the contracted or an interest								
	Enter the total number of channels on which the cable								
	system carried television broadcas	t stations							
	2. Enter the total number of activated	Г							
	on which the cable system carried and nonbroadcast services	leievision producast stations	244						
	INDIVIDUAL TO BE CONTACTED	E FUDTUED INFORMATION IS NEEDED: //dontifs on individual							
N	we can contact about this statement	IF FURTHER INFORMATION IS NEEDED: (Identify an individual of account.)							
Individual to		,							
Be Contacted									
for Further	Name EMERSON YEARW	OOD Telephone	602-364-6195						
Information									
	Address 210 E. EARLL DRIV	/E							
	(Number, street, rural route, apa								
	PHOENIX, AZ 850' (City, town, state, zip)	12-2626							
	(City, town, state, zip)								
	Email emerson.ye	earwood@cableone.biz Fax (optional) 602-364-6	6013						
	CERTIFICATION /This statement of s	account must be cortifed and signed in accordance with Convigat Office reg	ulations						
O	CERTIFICATION (This statement of a	ccount must be certifed and signed in accordance with Copyright Office reg	guiations.						
Certifcation	• I the undersigned bereby certify that	(Check one, but only one, of the boxes.)							
Certification	i, the undersigned, hereby certify that	(Check one, but only one, of the boxes.)							
	(Owner other than corporation or	partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or						
									
	(Agent of owner other than corpo	oration or partnership) I am the duly authorized agent of the owner of the cable	e system as identified						
		e owner is not a corporation or partnership; or	•						
	(Officer or partner) I am an office	r (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	wner of the cable system						
	in line 1 of space B.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	I have examined the statement of acc	count and hereby declare under penalty of law that all statements of fact contain	ned herein						
		pest of my knowledge, information, and belief, and are made in good faith.	ica nerem						
	[18 U.S.C., Section 1001(1986)]								
	No.								
	X /s/ F	aymond Storck							
	Enter an electro	nic signature on the line above using an "/s/" signature to certify this statement.							
	(e.g., /s/ John S	mith). Before entering the first forward slash of the /s/ signature, place your cursor							
	"F2" button, the	n type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus	s compatibility settings.						
	Typed or printed name: RAYMOND STORCK								
	\ <i>1</i> /40	DECIDENT							
		PRESIDENT f official position held in corporation or partnership)							
	(Title 0								
	Date: Augus	t 28 2018							
	Date. Augus	1 20, 20 10							

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name		
CABLE ONE, INC.	014552	Name		
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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? X NO				
YES. Enter the total here and list the satellite carrier(s) below				
Name Mailing Address Mailing Address				
INTEREST ASSESSMENTS				
You must complete this worksheet for those royalty payments submitted as a result of a late payment of For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for		Q		
Line 1 Enter the amount of late payment or underpayment		Interest Assessment		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days			
Line 3 Multiply line 2 by the number of days late and enter the sum here	× 0.00274			
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	terest charge)			
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further a 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 Copyrig please list below the owner, address, first community served, accounting period, and ID number as give filing.				
Owner Address				
First community served Accounting period ID number				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to 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.

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 local stations are not counted at all in computing DSEs	

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 of	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
3	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

		40,0000			
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: 2018/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)									
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
Т	CABLE ONE, INC. 014552									
	SUM OF DSEs OF CATEGOR									
	Add the DSEs of each statio		o .							
	Enter the sum here and in line		schedule.		0.75					
						1				
2	Instructions:	Sian": list the call	signs of all distant stations	identified by t	he letter "Ω" in column 5					
_	of space G (page 3).	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3)								
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."									
of DSEs for										
Category "O"			CATEGORY "O" STATION		_					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KETV	0.250								
	KOLN	0.250								
	WOWT	0.250								
Add rows as				ļ		{				
necessary.										
Remember to copy										
all formula into new		······································								
rows.		<u></u>								
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		<mark> </mark> .								
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		<u>.</u>								
		<mark></mark>				<u> </u>				
		<mark></mark>								
		11								

Name	CABLE ONE, I	NER OF CABLE SYSTEM:					S	YSTEM ID# 014552
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: F figure should cor Column 3: F Column 4: D be carried out at Column 5: F give the type-val Column 6: M	he call sign of all distator each station, give the respond with the information each station, give the livide the figure in coluleast to the third deciror each independent sue as ".25."	he number of hours mation given in space he total number of humn 2 by the figure in mal point. This is the station, give the "typ lumn 4 by the figure	your cable systemed J. Calculate on ours that the station column 3, and good basis of carriagore-value" as "1.0." in column 5, and	n carried the sta ly one DSE for e on broadcast ov ive the result in e value" for the s For each network give the result in	tion during the accounting each station. er the air during the acco decimals in column 4. Th	ounting period. his figure must cational station,	
Capacity		С	ATEGORY LAC	STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. N JRS O ED BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	βE
						x		
						x		
			-			x x	<u>-</u>	
						x		
			÷	=		x	=	
			÷ ÷	=		<u>х</u> х	<u>=</u>	
	Add the DSEs of	F CATEGORY LAC Seach station. here and in line 2 of page		e,		0.00		
Computation of DSEs for Substitute-Basis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							rm).
		SUI	BSTITUTE-BAS	IS STATIONS	S: COMPUTA	ATION OF DSEs	1	
	1. CALL 2 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
		÷				÷		=
		÷				÷		
		÷		=		· · · · · · · · · · · · · · · · · · ·		=
		÷		=		÷		=
	Add the DSEs of	F SUBSTITUTE-BASI each station. here and in line 3 of pa		e,		0.00		
5 Total Number of DSEs	number of DSEs a 1. Number of D 2. Number of D	OF DSEs: Give the am pplicable to your system SEs from part 2 ● SEs from part 3 ● SEs from part 4 ●		s in parts 2, 3, and	4 of this schedule	e and add them to provide	0.75 0.00 0.00	
	TOTAL NUMBER	OF DSEs						0.75

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/1

CABLE ONE,	OWNER OF CABLE	SYSTEM:					S	YSTEM ID# 014552	Name
								014552	
In block A:	ck A must be com								•
 If your answer if schedule. 	"Yes," leave the re	emainder of	part 6 and part	7 of the DSE sche	edule blank a	nd complete p	part 8, (page 16) of	the	6
If your answer if	"No," complete blo			TELEVISION M	ADVETO				Computation of
Is the cable syste	m located wholly o					section 76.5 o	f FCC rules and re	gulations in	3.75 Fee
effect on June 24	,		, 00 NOT 00M		AINIDED OF I		7		
	nplete part 8 of the plete blocks B and		JO NOT COM	PLETE THE REMA	AINDER OF I	PART 6 AND	1		
<u> </u>									
Column 1:	List the call signs			NAGE OF PERI			stem was permitte	d to corny	
CALL SIGN	under FCC rules	and regulatine DSE Sche	ons prior to Juedule. (Note: T	ne 25, 1981. For for he letter M below r	urther explana	ation of permi	tted stations, see t st stream as set fo	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)]	ules and regued ed pursuant	llations cited b to the FCC ma	esis on which you on elow pertain to though elow pertain to though rket quota rules [7 6.59(d)(1), 76.61(ose in effect o 76.57, 76.59(b	n June 24, 19 o), 76.61(b)(c)	, 76.63(a) referring	y tc	
	C Noncommeric D Grandfathered instructions for E Carried pursu	cal education d station (76. or DSE sched ant to individ	al station [76.5 65) (see parag dule). ual waiver of F	9(c), 76.61(d), 76. graph regarding su CC rules (76.7)	63(a) referrin	g to 76.61(d) grandfathered			
	•	JHF station v	vithin grade-B		•		eferring to 76.61(e)	(5)	
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet 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	
								0.00	
		Е	SLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	e sum of permitte	ed DSEs fro	m block B ab	ove					
	line 2 from line 1 leave lines 4–7 b			•		rate.			
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply	line 4 by 0.0375	and enter s	um here						partially permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3				X		carriage? If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 aı	nd enter he	re and on line	2, block 3, spac	e L (page 7))		0.00	o manuciona.

ABLE ONE	OWNER OF CABLE	SYSTEM:					S1	STEM ID# 014552	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation o
					•••••				3.75 Fee
••••••••									
								••••••	
		l						••••••	
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Name	CABLE ONE, IN		STEM:						S	48TEM ID# 014552			
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.												
1		PERMITTED	DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS					
	1. CALL	2. PRIOR		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED			
	SIGN	DSE	PE	ERIOD		CARRIAGE		OSE		DSE	4		
											•		
					••••						•••		
7	Instructions: Block A In block A:	A must be comple	ted.										
Computation		"Yes," complete l	blocks B and C,	, below.									
of the	If your answer is	"No," leave block	s B and C blank	k and complete	pa	art 8 of the DSE schedu	ule.				_		
Syndicated			BLOCK	(A: MAJOR	TE	ELEVISION MARK	ET				_		
Exclusivity Surcharge	Is any portion of the continuous continu	cable system withi	n a top 100 majo	or television mar	ket	t as defned by section 7	6.5 of FCC	rules in effect J	lune 24,	1981?			
-	Yes—Complete	blocks B and C .				No—Proceed to	part 8						
	BLOCK B: Ca	arriage of VHF/Gr	rade B Contour	Stations		BLOCK	C: Compu	tation of Exem	npt DSE	3	_		
	Is any station listed in commercial VHF stati or in part, over the cal	ion that places a $\mathfrak g$				Was any station listed nity served by the cab to former FCC rule 76	le system p						
	Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.												
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	_{sn} T	DSE			
	OALE SIGN BULL SIGN BULL SIGN									DOL			
								•••••					
				 									
			TOTAL DSEs	0.00			<u> </u>	TOTAL DS	SEs	0.00			
	1				- 11								

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID 01455	Namo
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	
	B. Enter the total number of exempt DSEs from block C of part 7	
	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	Exclusivity Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.	
	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 DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	_
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge. \$\$\$\$	
	SECTION 4: SECOND 50 TELEVISION MARKET	_
Section 4a	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.	
44	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Hamo	(CABLE ONE, INC.	014552
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 \$\Bigsim \frac{1}{2}	
Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	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. ack A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below as a partially distant 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 e area," see page (v) of the general instructions.	
		DLOCK ALCARDIACE OF DARTIALLY DISTANT STATIONS	
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our 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: 2018/1

LEGAL NAME OF OWNER OF CARLE OVCTEM.	OVOTEMINA	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	014552	
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 (the amount in section 1) \$\bigsim \bigsim \bigsi		Computation of
(the amount in section 1)		Base Rate Fee
C. Multiply line B by 3.000 and enter here ►\$		
D. Enter 0.00330 of gross receipts		
(the amount in section 1) ▶ \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here > \$		
G. Add lines A, C, and F. This is your base rate fee.		
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
Base Rate Fee ▶ \$	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple ch	•	9
Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat receipts from subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation
exclusion, you must:	no davariago or ano	of Base Rate Fee
First: Divide all of your subscribers into subscriber around cook aroun consisting entirely of subscribers that are district.	ant to the come	and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the same group of stations.		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system	l.	Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exemple also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and it was able to surface in whally leasted a viside all major talevision markets.		Partially Distant
if your cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
How to Identify a Subscriber Group for Partially Distant Stations	Lata Cara	Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant carried to that community.	t station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers we	ere located	
outside the station's local service area. A subscriber located outside the local service area of a station is distant to the 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	tant. 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.	r 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:	ro it in norte C. C	
 your system is located wholly outside all major and smaller television markets, give each station's DSE as you gav and 4 of this schedule; or, 	е п п рапѕ 2, 3,	
 any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave in part 6 of this schedule. 	t 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 gene 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 on page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not	p (that is, the total	

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actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014552 CABLE ONE, INC. 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.

CALL SIGN	CABLE ONE, INC		E SYSTEM:				<u> </u>	014552	Name
SECOND SUBSCRIBER GROUP	R	LOCK A: (COMPUTATION O	F BASF RA	TE FEES FOR FACH	SUBSCRI	BER GROUP		
CALL SIGN DSE Sake Rate Fee Rate Foe First Group See Rate Foe Second Group See Ra								UP	_
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See Rate Fee First Group See Call SiGN DSE CALL SiGN	CALL SIGN	DSF	CALL SIGN	DSF	CALL SIGN	DSF	CALL SIGN	DSF	
A CALL SIGN DEE CALL SIGN DE C			07.122.01.01.1	302	07.122.010.1	302	57.EE 5.5.1	302	Base Rate Fee
County C					-		-		and
County C							-		Syndicated
Surcharge for Partially Distant Stations Total DSEs				***************************************			-		
Total DSEs						1			Surcharge
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Total DSEs Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA TILDEN TOUTH SUBSCRIBER GROUP COMMUNITY/ AREA TILDEN COMMUNITY/ AREA TILDEN COMMUNITY/ AREA TILDEN COMMUNITY/ AREA TILDEN TOUTH SUBSCRIBER GROUP TOUTH SUBSCRIBER GROUP TOUTH SUBSCRIBER GROUP TOUTH SUBSCRIBER GROUP TOUTH SUBSCRIBER GROUP TOUTH SUBSCRIBER GROUP TOUTH SUBSCRIBER GROUP TOUTH SUBSCRIBER GROUP TOUTH SUBSCRIBER GROUP TOUTH SUBSCRIBER GROUP TOUTH SUBSCRIBER GROUP TOUTH SUBSCRIBER GROUP TOUTH SUBSCRIBER GROUP TOUTH SU									Partially
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Sase Rate Fee First Group Sase Rate Fee Fourth Group									Stations
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Same Raceipts First Group Same Raceipts Second Group Same Raceipts Second Group Same Raceipts Second Group Same Race Fee First Group Same Raceipts Second Group Same Raceipts Fourth Group Same Raceipts F									
Base Rate Fee First Group S 2,406.20	Total DSEs			0.25	Total DSEs			0.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA TILDEN COMMUNITY/ AREA TILDEN COMMUNITY/ AREA PIERCE/RANDOLPH/HADAR/HOSK KETV 0.25 KOLN WOWT 0.25 WOWT 0.25 WOWT 0.25 Total DSEs Gross Receipts Third Group Sase Rate Fee Third Group Sase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts First G	Group	\$ 90	4,587.00	Gross Receipts Secon	d Group	\$	37,151.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA TILDEN COMMUNITY/ AREA TILDEN COMMUNITY/ AREA PIERCE/RANDOLPH/HADAR/HOSK KETV 0.25 KOLN WOWT 0.25 WOWT 0.25 WOWT 0.25 Total DSEs Gross Receipts Third Group Sase Rate Fee Third Group Sase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
COMMUNITY/ AREA	Base Rate Fee First G	roup	\$	2,406.20	Base Rate Fee Secon	d Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KETV 0.25 KOLN 0.25 KOLN 0.25 WOWT 0.25 WOWT 0.25 COLD COLD COLD COLD COLD COLD COLD COLD		THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
KETV 0.25 KETV 0.25 KOLN 0.25 KOLN 0.25 KOLN 0.25 KOLN 0.25 KOLN	COMMUNITY/ AREA	TILDEN			COMMUNITY/ AREA	DAR/HOSK			
MOWT 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
WOWT 0.25		0.25	-		1				
Total DSEs Gross Receipts Third Group \$ 25,545.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	WOWT	0.25			-				
Gross Receipts Third Group \$ 25,545.00 Gross Receipts Fourth Group \$ 102,181.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.					WOWT	0.25		<u></u>	
Gross Receipts Third Group \$ 25,545.00 Gross Receipts Fourth Group \$ 102,181.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			-						
Gross Receipts Third Group \$ 25,545.00 Gross Receipts Fourth Group \$ 102,181.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.					-	 			
Gross Receipts Third Group \$ 25,545.00 Gross Receipts Fourth Group \$ 102,181.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 25,545.00 Gross Receipts Fourth Group \$ 102,181.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u> </u>				 			
Gross Receipts Third Group \$ 25,545.00 Gross Receipts Fourth Group \$ 102,181.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u> </u>				†			
Gross Receipts Third Group \$ 25,545.00 Gross Receipts Fourth Group \$ 102,181.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 25,545.00 Gross Receipts Fourth Group \$ 102,181.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 25,545.00 Gross Receipts Fourth Group \$ 102,181.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 25,545.00 Gross Receipts Fourth Group \$ 102,181.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 25,545.00 Gross Receipts Fourth Group \$ 102,181.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 25,545.00 Gross Receipts Fourth Group \$ 102,181.00 Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Base Rate Fee Third Group \$ 135.90 Base Rate Fee Fourth Group \$ 815.40 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs		-	0.50	Total DSEs			0.75	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third (Group	\$ 2	5,545.00	Gross Receipts Fourth	n Group	\$ 1	02,181.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
	Base Rate Fee Third Group \$ 135.90			135.90	Base Rate Fee Fourth	Group	\$	815.40	
					11				
17. 17. 17. 17. 17. 17. 17. 17. 17. 17.				scriber group	as shown in the boxes a	bove.	\$	3,813.73	

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	O14552	Name		
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP				
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GROU	Р	9		
COMMUNITY/ AREA	WISNE	R/WEST POINT/B	EEMER	COMMUNITY/ AREA	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
KOLN	0.25							Base Rate Fee		
		-						and		
		-						Syndicated		
								Exclusivity		
	<mark>.</mark>				<u>.</u>			Surcharge		
		-					<u></u>	for		
	<u>.</u>				<u>-</u>			Partially Distant		
								Stations		
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Total DSEs	1		0.25	Total DSEs	4		0.00			
Gross Receipts First G	roup	\$ 171,	513.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First G			456.22	Base Rate Fee Secon	d Group	\$	0.00			
5	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROU	P			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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		-					<u></u>			
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	<u> </u>				<u> </u>	•	<u></u>			
Total DSEs			0.00	Total DSEs	•		0.00			
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
										
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$				

Name	YSTEM ID# 014552	S				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				BL
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GRO	NINTH	
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			-					
Stations								
	····							
	0.00			Total DCFs	0.00			Total DCCs
	0.00			Total DSEs				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
	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	EVENTH	El
	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	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 014552	Name		
				ATE FEES FOR EAC						
		SUBSCRIBER GROU		FO		9				
COMMUNITY/ AREA	٠		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		
					<u></u>		••••	Surcharge		
								for		
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		-			<u></u>			Distant Stations		
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Total DSEs	<u> </u>	Į.	0.00	Total DSEs		¥!	0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00			
Gross receipts i list	Огоир	<u> </u>	0.00	Cross receipts occo	па Огоар	*	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
		SUBSCRIBER GROU		II		SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	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	l Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00			
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$				

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 014552	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		TI .		SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA	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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								Partially
		-						Distant
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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	
Gross Receipts First	Gloup	\$	0.00	Gloss Necelpts Secon	na Group	4	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
1	VINTEENTH	SUBSCRIBER GROU	JP	Т	WENTIETH	SUBSCRIBER GROU	JP	
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	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.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 014552	Name
				ATE FEES FOR EACH				
TWE		SUBSCRIBER GROU	JP 0	TWENT COMMUNITY/ AREA	JP 0	9		
		T				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
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	·····							
								
Total DSEs			0.00	Total DSEs		Ц	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	
TWE	NTY-THIRD	SUBSCRIBER GROU	JP	II		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA				
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	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.	\$		

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 014552	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO	JP 0	III		SUBSCRIBER GRO	UP 0	9
COMMUNITY/ ARE				COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>		····			Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
			<u></u>					for Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
TWENT	Y-SEVENTH	SUBSCRIBER GRO	JP	III		SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA				
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 Thir	rd 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	
Base Rate Fee: Add Enter here and in bl			criber group	as shown in the boxes	s above.	6		
Lines nere and in bi	oon o, mic 1, 8	pade L (page 1,				\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	YSTEM ID# 014552	Name
				TE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GROU		II .	THIRTIETH	I 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
	-							Syndicated Exclusivity
	-							Surcharge
								for
								Partially
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Total DSEs	<u> </u>	•	0.00	Total DSEs	_		0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
·	'				·			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GROU		ii —	Y-SECONE	SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 0	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third C	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.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 014552	Name
		COMPUTATION O		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ LEE GIGIT	502	O/ ILLE GIGIT	502	OF ILLE STORY	BOL	OF ILL STORY	BOL	Base Rate Fee
								and
			<mark></mark>					Syndicated
								Exclusivity
			<u> </u>					Surcharge for
	····		 		•••••			Partially
								Distant
								Stations
			<u></u>		·····			
	····		<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	
THI	RTY-FIFTH	SUBSCRIBER GRO	UP	TH	HIRTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>		<u> </u>		····			
	····		-				<u> </u>	
		-						
	<u></u>		<u></u>		·····	-		
		-						
			<u></u>		<u></u>		<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	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 014552	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	SEVENTH	SUBSCRIBER GROU		†		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
		-						Surcharge
								for
								Partially Distant
	<u></u>	-			····			Stations
	<u>. </u>				·			
								l
								l
								l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GROU	JP		FORTIETH	SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
								l
								l
					<u></u>			l
	··	-			<u> </u>			l
								l
								l
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	<mark></mark>				<u></u>			l
	<mark></mark>				<u></u>			l
					·			l
	·							l
								l
Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	1
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

BI							014552	Name
				TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	TY-FIRST	SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			-		····			Base Rate Fe
			·		····			Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
					····			Stations
		-				.		
					····			
					····			
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	TY-THIRD	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			-		····	 		
			·		····			
		-						
		-						
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th			criber group	as shown in the boxes	s above.	s		

SYSTEM ID# 014552 Name	S				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE CABLE ONE, INC.
P	IBER GROUP	SUBSCRI	E FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
<u> </u>	SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
0 Computation			COMMUNITY/ AREA	0			COMMUNITY/ AREA
N DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe							
and					-		
Syndicated Exclusivity							
Surcharge	 						
for							
Partially	_						
Distant					-		
Stations					-		
				<u> </u>			
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
R GROUP	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP	SUBSCRIBER GRO	SEVENTH	FORTY-S
0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
N DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
<u></u>					-		
······							
					-		
					-		
					-		
	-						
<u></u>							
0.00			Total DSEs	0.00			Total DSEs
	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
0.00	*				*		·

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FORTY-NINTH SUBSCRIBER GROUP NITY/ AREA O COMMUNITY/ AREA OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIFTIETH SUBSCRIBER GROUP Computation OF BASE RATE OF BASE RATE And Syndicat Exclusive Surchare for Partiall Distan
NITY/ AREA O COMMUNITY/ AREA O Computation SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate and Syndicat Exclusiv Surchar for Partiall Distan
Computation SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate and Syndicate Exclusive Surchard for Partiall Distan
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate and Syndical Exclusive Surchar for Partiall Distan
and Syndicate Exclusive Surchard for Partiall Distan
Syndical Exclusiv Surchan for Partiall Distan
Exclusiv Surchar for Partiall Distan
Surchard for Partiall Distan
for Partiall Distan
Distan
Station
Es Total DSEs
eceipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00
te Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP
NITY/ AREA 0 COMMUNITY/ AREA 0
SIGN DSE CALL SIGN DSE CALL SIGN DSE
Es 0.00 Total DSEs 0.00
Gross Receipts Fourth Group \$ 0.00
te Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 014552	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		1		I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u> </u>				<u></u>			Base Rate Fe
	····							and Syndicated
	····							Exclusivity
								Surcharge
	<mark></mark>		<u></u>					for
		ļ			·····			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	
F	FTY-FIFTH	SUBSCRIBER GRO)UP		FIFTY-SIXTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>		<u></u>					
				·				
	····							
	····	 	···	·				
				·				
T / 1 DOF			0.00				0.00	
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.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 014552	Name
				ATE FEES FOR EAC				
	-SEVENTH	SUBSCRIBER GRO	UP 0	11		1 SUBSCRIBER GRO	UP 0	9
COMMUNITY/ AREA				COMMUNITY/ AREA	······································			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u> </u>		<u>.</u>			Base Rate Fee
	····							and Syndicated
	<u></u>		<u> </u>		•••••		····	Exclusivity
								Surcharge
								for
					<u>.</u>			Partially Distant
	···							Stations
								1
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		 						l
								l
	···		<u> </u>		····			l
Total DSEs			0.00	Total DSEs	•		0.00	1
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	İ
								l
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	TY-NINTH	SUBSCRIBER GRO				1 SUBSCRIBER GRO		1
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	1
					<u>.</u>			l
								l
								l
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			<u> </u>					l
					<u>.</u>			l
		-						l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	1
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 boxe	s above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 014552	Name
				ATE FEES FOR EAC				
S COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	SIXT		SUBSCRIBER GROU	JP 0	9
COMMUNITY AREA	·············		U	COMMUNITY AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
		-						for Partially
								Distant
								Stations
					<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	
		SUBSCRIBER GROU		II		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA				
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	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.	\$		

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 014552	Name
				ATE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	JP 0	9
COMMUNITY AREA				COMMUNITY AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u>.</u>		<u></u>			and Syndicated
			<u>-</u>		-			Exclusivity
								Surcharge
		-	.					for Partially
			·					Distant
								Stations
			<u>.</u>		<u></u>			
								
		-						
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 Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA				
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>			
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			criber group	o as shown in the boxes	above.	\$		

CABLE ONE, INC.	F CABL	E SYSTEM:				Sì	O14552	Name
				TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU		
SIXTY-N COMMUNITY/ AREA	HTMIN	SUBSCRIBER GROU	IP 0	SE COMMUNITY/ AREA	1P 0	9		
			U					Computation
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
					······································		···	Exclusivity
								Surcharge
								for Partially
					<u>-</u>		<u></u>	Distant
								Stations
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group)	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Group)	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	FIRST	SUBSCRIBER GROU		l	Y-SECOND	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
					·		···	
					<u></u>		<u>_</u>	
					<u> </u>		<u></u>	
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group	p	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group	\$	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the ba Enter here and in block 3, li			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 014552	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	TY-THIRD	SUBSCRIBER GRO		1		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
	<u></u>							Exclusivity Surcharge
	···		<u>.</u>				•••••	for
								Partially
								Distant
		-	<u>.</u>					Stations
	<mark></mark>				<u></u>			l
	···	-						l
								l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	1
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SEVEN	ITY-FIFTH	SUBSCRIBER GRO	JP	SEVE	NTY-SIXTH	I SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
								l
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	<u></u>							l
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								l
			<u>.</u>					l
	<mark></mark>							l
	<u></u>		<u>-</u>					l
Total DSEs			0.00	Total DSEs	1		0.00	1
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	l
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 014552	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA	٠		0	COMMUNITY/ AREA			0	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 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	
SEVE	NTY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	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>			
								
								
								
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	•	0.00	Gross Receipts Four	h Group	\$	0.00	
Cross Recoipts Tillic	. Oroup	\$	3.00	STOOS RECEIPES FOUR	O.Oup	*	<u> </u>	
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			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 014552	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU		ii —		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
								Syndicated Exclusivity
				-	···			Surcharge
								for
								Partially
					 			Distant Stations
								Stations
								
								
Total DSEs	<u> </u>	.!	0.00	Total DSEs		!!	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Gross receipts rinst	Стоир		0.00	Cross receipts occor	na Group	*	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	A		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	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 014552	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		11		I 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
	····				···			Syndicated Exclusivity
								Surcharge
	<u></u>							for
	<u></u>							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 Secon	nd Group	\$	0.00	
EIGHTY	-SEVENTH	SUBSCRIBER GROU	JP	EIGH	TY-EIGHTH	SUBSCRIBER GROU	JP	
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	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	
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 014552	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU				I 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
	<mark></mark>							and
	····							Syndicated Exclusivity
					···			Surcharge
								for
		-						Partially
		-						Distant Stations
								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	
		SUBSCRIBER GROU		III		SUBSCRIBER GROU		
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-						
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	<u></u>							
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	····				···			
Total DSEs			0.00	Total DSEs			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	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 014552	Name
				ATE FEES FOR EACH				
NIN COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	NINET		1 SUBSCRIBER GROU	JP 0	9
COMMUNITY AREA	·············		U	COMMUNITY/ AREA				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
								Distant
								Stations
								ı
								ı
		-						ı
								ı
								ı
Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	ı
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	1
		SUBSCRIBER GROU		II		SUBSCRIBER GROU	JP	ı
COMMUNITY/ AREA	4		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		I	0.00	ı
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	ı
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	l
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		l

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 014552	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	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
								Base Rate Fee
								and
	<u></u>							Syndicated Exclusivity
	···				····		••••	Surcharge
								for
								Partially
								Distant Stations
						•		Stations
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Total DSEs			0.00	Total DSEs		!!	0.00	1
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
·	·				·			1
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	TY-NINTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		1
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	1
		<u> </u>						l
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Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	l
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	1
Base Rate Fee: Add to			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 014552	Name
				ATE FEES FOR EACH				
ONE HUNDR	ED FIRST	SUBSCRIBER GROL)P 0	COMMUNITY/ AREA		SUBSCRIBER GROU)P 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	···							Base Rate Fee and
	<u></u>							Syndicated
	<u></u>							Exclusivity
								Surcharge
								for
								Partially
					<u></u>			Distant
					<mark>.</mark>	-		Stations
								I
								I
	<u></u>				···			I
								I
								I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	D FOURTH	I SUBSCRIBER GROU	JP	I
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	-						I
	-			-				I
	<u></u>							I
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	<u></u>				···			I
								I
								I
								I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
C. See Accepte Tilla	C. 04p			Siece Receipte i duit	Отоир	<u>*</u>	3.55	
Base Rate Fee Third (Group	\$	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.	\$		

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 014552	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP	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
					<u></u>			and Syndicated
								Exclusivity
								Surcharge
					<u></u>			for Partially
								Distant
								Stations
								İ
								i
								1
					<u></u>			i
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	1
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
								İ
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	1
		SUBSCRIBER GROU		iii .		I SUBSCRIBER GRO		İ
COMMUNITY/ AREA	······································		0	COMMUNITY/ AREA			0	İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	1
								1
								i
								İ
					<u></u>			i
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					<u></u>			İ
					<u></u>			İ
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	l
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 014552	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			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 Seco	nd Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	ONE HUNDRED		I SUBSCRIBER GROU	JP 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
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.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 014552	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	JP	0
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
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
				-				
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First (Froup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
	2.0up				О. Оир			
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	IFTEENTH	SUBSCRIBER GROL	JP 0	II		I SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			U	COMMUNITY/ AREA			<u>U</u>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Groun	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
2.555 . tooopto milu	up	· ·		J. 555 P. Godipio Pouri	0.0 up	· ·		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.	R OF CABL	LE SYSTEM:				SY	STEM ID# 014552	Name
				TE FEES FOR EACH				<u> </u>
ONE HUNDRED SEVEN	TEENTH	SUBSCRIBER GROU			HTEENTH	SUBSCRIBER GROUI		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							 	Base Rate Fee and
							<u></u>	Syndicated
								Exclusivity
								Surcharge
						_	<u>.</u>	for
							<u></u>	Partially Distant
							<u>.</u>	Stations
							<u></u>	
							<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 Second	d Group	\$	0.00	
ONE HUNDRED NIN	TEENTH	SUBSCRIBER GROU	IP	ONE HUNDRED TV	VENTIETH	SUBSCRIBER GROU	Р	
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 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.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 014552	Name
BI	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWEE	NTY-FIRST	SUBSCRIBER GRO	JP	ONE HUNDRED TWEN	TY-SECONE	SUBSCRIBER GROUP	1	0
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
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
T			0.00	T. 1 DOE			0.00	
Total DSEs			0.00	Total DSEs	and Canalia		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 Seco	nd Group	\$	0.00	
ONE HUNDRED TWEN	NTY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED TWEN	ITY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>							
		_	<u>.</u>					
	<u> </u>							
			<u>.</u>					
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		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	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	
	очр	[*	3.00		Стоир	<u>*</u>	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 014552	Name
Е	BLOCK 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			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>	-				Base Rate Fe
				·	••••			Syndicated
••••••	<u></u>				••••			Exclusivity
								Surcharge
								for
	<u></u>							Partially Distant
					••••			Stations
	···	=						
								
	<u></u>							
Total DSEs		<u> </u>	0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Cross resolpts rilet	эгоир	<u> </u>		ll cross rescipts ess	ona Oroup			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>		<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	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 014552	Name
RI	OCK A· (COMPLITATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IRER GROUP		
ONE HUNDRED TWEN			DAGE IV			SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
							·····	and
								Syndicated
								Exclusivity
								Surcharge
						_		for
								Partially
								Distant
								Stations
		-				_		
		-					ļ	
								
								
Total DSEs	<u> </u>		0.00	Total DSEs		<u> </u>	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	
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Total DSEs			0.00	Total DSEs			0.00	
	roue	¢	0.00		Croun	*	0.00	
Gross Receipts Third G	ιουρ	<u>v</u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	e base rat	e fees for each subsc	riber aroun	as shown in the boxes a	above			
Enter here and in block			group	22 2		\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 014552	Name
		COMPUTATION OF SUBSCRIBER GROUP		TE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROUF)	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			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	
		SUBSCRIBER GROUP		ii .		SUBSCRIBER GROUF	_	
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	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.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 014552	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY	'-SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED TH	IIRTY-EIGHTH	SUBSCRIBER GROUP		0
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 Exclusivity
						-		Surcharge
								for
								Partially
						-		Distant
	···					-		Stations
	···		······································				<u></u>	
		-			••••	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	RTY-NINTH	SUBSCRIBER GROUP		Ti .		SUBSCRIBER GROU		
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 Foul	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 014552	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROUP		ii e		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	٠		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			 		<u></u>			and
					<mark></mark>			Syndicated Exclusivity
	·····							Surcharge
								for
					<u></u>			Partially
					<mark>.</mark>			Distant
	·····							Stations
					<u></u>			
T / 1 DOF			0.00	T		Ц	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 Secon	nd Group	\$	0.00	
ONE HUNDRED F	ORTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-FOURTH	SUBSCRIBER GROUF)	
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	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.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 014552	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUI)	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate Fee
			. 			 		and
						-		Syndicated Exclusivity
	··					-		Surcharge
			•••••••••••••••••••••••••••••••••••••••					for
								Partially
	<mark></mark>		<u> </u>					Distant
	<mark></mark>		<mark></mark>			-		Stations
	<mark></mark>		<mark></mark>		·····	-		
	··				·····	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROUI)	ONE HUNDRED FO	ORTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			0.00				2.22	
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 the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 014552	Name
				TE FEES FOR EAC				
ONE HUNDRED FORT	TY-NINTH	SUBSCRIBER GROU		1		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 Exclusivity
					••••	-		Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs		Ц	0.00	
		•	0.00		and Craus	•	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	JP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 014552	Name
				TE FEES FOR EAC				
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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
			<u></u>			-		Distant
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	····					.		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	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	
	FTY-FIFTH	SUBSCRIBER GRO		ii		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	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 t Enter here and in bloo			criber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 014552	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROUP		ii e		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	٠		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
					<u> </u>			and
					. 			Syndicated Exclusivity
								Surcharge
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					<u> </u>			Stations
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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	
ONE HUNDRED I	FIFTY-NINTH	SUBSCRIBER GROUP	1	ONE HUNDRE	ED SIXTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	A		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	n Group	\$	0.00	
	r					·		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 014552	Name
Bl				TE FEES FOR EACH				
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO		Ω
COMMUNITY/ AREA	NORFO)LK		COMMUNITY/ AREA				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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						-		Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 904	,587.00	Gross Receipts Secon	d Group	\$	37,151.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	TILDEN			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	Group	\$ 25	,545.00	Gross Receipts Fourth	Group	<u>\$</u> 1	02,181.00	
						,	<u> </u>	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				<u>u</u>				
		te fees for each subs space L (page 7)	criber group	as shown in the boxes a	above.	\$	0.00	

LEGAL NAME OF OWNE		LE SYSTEM: SYSTEM II 0145						Name	
В				TE FEES FOR EACH					
		SUBSCRIBER GROU			SIXTH	SUBSCRIBER GROU		9	
COMMUNITY/ AREA		R/WEST POINT/B		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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					<u> </u>			Surcharge	
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Total DSEs			0.00	Total DSEs		<u> </u>	0.00		
Gross Receipts First G	roup	ş 171,	513.00	Gross Receipts Secor	nd Group	\$	0.00		
							<u> </u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
;	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GRO	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	OMMUNITY/ 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 Fourth	n Group	\$	0.00		
							_		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
		te fees for each subsc space L (page 7)	riber group	as shown in the boxes	above.	\$			

Name	YSTEM ID# 014552							LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				BL
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GRO	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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Syndicated		-		•••••				
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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 Gr
	JP	SUBSCRIBER GROU	TWELVTH		UP	SUBSCRIBER GRO	LEVENTH	El
	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 G

	9314552 014552	BLE SYSTEM: SYSTEM I 0145						CABLE ONE, INC.	
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	JRTEENTH			SUBSCRIBER GRO	RTEENTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and		-	<u>.</u>						
Syndicated Exclusivity			<mark>.</mark>			-			
Surcharge	····		<u>.</u>						
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	0.00		1	Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	IXTEENTH	S	UP	SUBSCRIBER GRO	FTEENTH	FI	
	•				0	FIFTEENTH SUBSCRIBER GROUP DMMUNITY/ AREA 0			
	0			COMMUNITY/ AREA					
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	DSE	CALL SIGN		CALL SIGN		CALL SIGN		Total DSEs Gross Receipts Third C	

	014552							LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9	IP	SUBSCRIBER GROU	HTEENTH			SUBSCRIBER GRO	NTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and						-		
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			1 0	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
	IP	SUBSCRIBER GROU	VENTIETH	TV	JP	SUBSCRIBER GRO	NTEENTH	NIN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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1	0.00		1	Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	0.00							
	0.00							

		01458						
	ID			TE FEES FOR EACH				
9)P 0	SUBSCRIBER GROU	-SECUND	COMMUNITY/ AREA	0	SUBSCRIBER GROU	1 T-FIRST	I WEN COMMUNITY/ AREA
Computati				OOMMONT 1771 (E)				OWN ON THE PROPERTY OF THE PRO
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and Syndicate							<mark></mark>	
Exclusivit						-	<u>-</u>	
Surcharg							<u>-</u>	
for								
Partially							<u>.</u>	
Distant							<u></u>	
Stations							<mark></mark>	
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	0.00	-		Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroup	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	ase Rate Fee First G
	JP	SUBSCRIBER GROU	-FOURTH		JP	SUBSCRIBER GROU	TY-THIRD	TWEN
	0		COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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				Total DSEs	0.00			otal DSEs
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	_	\$	Group	Gross Receipts Fourth	0.00	\$	Group	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	ross Receipts Third (

Name	YSTEM ID# 014552	ABLE SYSTEM: SYSTEM I 0145						CABLE ONE, INC.
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GRO	ITY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe					<u> </u>			
and						H		
Syndicated								
Exclusivity Surcharge		-						
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP	SUBSCRIBER GRO	SEVENTH	TWENTY-S
	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

		0145						
	ID			TE FEES FOR EACH				
9)P	SUBSCRIBER GROU	nik HETH	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GRO	II I MIIM-T I	I WEN
Computati								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and Syndicate								
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	0.00	_		Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	ross Receipts First C
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
	JP	SUBSCRIBER GROU	-SECOND		JP 0	SUBSCRIBER GRO	RTY-FIRST	
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	0.00			Total DSEs	0.00			otal DSEs
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0 9 Computation SE of Base Rate Fe	ROUP	IBER GROUP	SUBSCR	TE EEES EOD EACH				
Computation SE of	ROUP					COMPUTATION OF		
Computation SE of		SUBSCRIBER GRO	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Base Rate Fe	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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00	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	ROUP	SUBSCRIBER GRO	RTY-SIXTH	THIF	JP	SUBSCRIBER GRO	TY-FIFTH	THIR
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00	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third 0

<u> </u>	014552							LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	Y-EIGHTH	THIRT		SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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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	\$	oup	Base Rate Fee First Gr
]	JP	SUBSCRIBER GROU	FORTIETH		JP	SUBSCRIBER GRO	Y-NINTH	THIRT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABL	BLE SYSTEM: SYSTEM I 0145						Name	
				TE FEES FOR EACH					
	Y-FIRST	SUBSCRIBER GROU			-SECOND	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 Fe	
								and	
								Syndicated	
						 		Exclusivity Surcharge	
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Total DSEs	ļ		0.00	Total DSEs	<u> </u>	Щ	0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
FORT	/-THIRD	SUBSCRIBER GROU	JP		/-FOURTH	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	1		0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
he	base rat			Base Rate Fee Fourth		\$	0.00		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	ABLE SYSTEM: SYSTEM I 0145						Name
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GRO			RTY-SIXTH	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	<u> </u>		0.00	Total DSEs		ĮI.	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP	FOR ⁻	TY-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs			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	
		e fees for each subs	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		BLE SYSTEM: SYSTEM I 0145						Name
				TE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GRO		001444111111111111111111111111111111111	FIFTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ 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 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	
FIF	TY-FIRST	SUBSCRIBER GRO	UP	FIFT	-SECOND	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	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Broup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
e Fee: Add th	e base rat			as shown in the boxes a		\$	0.00	

Name	YSTEM ID# 014552	S				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-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								
and						-		
Syndicated								
Exclusivity Surcharge		-	<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 G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	FTY-SIXTH	FI	UP	SUBSCRIBER GRO	TY-FIFTH	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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				Total DCC-	0.00			Total DST-
	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

<u> </u>	YSTEM ID# 014552	S			· 	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
Δ.	JP	SUBSCRIBER GROU	Y-EIGHTH	FIFT		SUBSCRIBER GRO	SEVENTH	FIFTY-S
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	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	\$	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	SIXTIETH		JP	SUBSCRIBER GRO	ΓΥ-NINTH	FIFT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	3	Group	Gross Receipts Fourth	0.00	\$	лоар	

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CIVTV FIF	A: COMPUTATION (11			LID	
SIXTY-FIF DMMUNITY/ AREA	ST SUBSCRIBER GR	0	COMMUNITY/ ARE		SUBSCRIBER GRO	0	9
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tal DSEs		0.00	Total DSEs			0.00	
oss Receipts First Group	<u> </u>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
300 : 1000.pt0 :ot	<u>*</u>			J. J. J. J. J. J. J. J. J. J. J. J.	· <u>·</u>		
se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-TH	RD SUBSCRIBER GR	OUP	SIX	(TY-FOURTH	SUBSCRIBER GRO	UP	
MMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
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tal DSEs		0.00	Total DSEs			0.00	
		0.00		orth Group	\$	0.00	
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Name	YSTEM ID# 014552	S'				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	CTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	Y-EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	SIXTY-S
	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 G

COMPUTATION OF			SEVENTIETH	RIBER GROUP	UP	
SUBSCRIBER GRO		İ		I SUBSCRIBER GRO	UP	
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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	
SUBSCRIBER GRO	UP	SEVEN	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	Gross Receipts Fou	rth Group	\$	0.00	
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\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	\$ SUBSCRIBER GRO	\$ 0.00 \$ 0.00 SUBSCRIBER GROUP CALL SIGN DSE	\$ 0.00 Gross Receipts Second S	\$ 0.00 Base Rate Fee Second Group SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	\$ 0.00 Base Rate Fee Second Group SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GRO COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CA	\$ 0.00 Base Rate Fee Second Group SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SI

	014552						•	CABLE ONE, INC.
	IP	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe and								
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Exclusivity Surcharge								
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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	\$	Group	Base Rate Fee First G
	ID	SUBSCRIBER GROU	HTYIP VTL		ID			SEVEN
	_		VIII-SIXIII	İ		SUBSCRIBER GRO	NTY-FIFTH	
	0			SEVEI COMMUNITY/ AREA	0	SUBSCRIBER GRO	NTY-FIFTH	
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0			COMMUNITY/ AREA	0			CALL SIGN
	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Total DSEs
	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	CALL SIGN	Group	COMMUNITY/ AREA

<u> </u>								CABLE ONE, INC.
0 9				TE FEES FOR EACH				
0 3	JP	SUBSCRIBER GROU	Y-EIGHTH	SEVENT		SUBSCRIBER GROU	SEVENTH	SEVENTY-S
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
E of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GROU	ΓΥ-NINTH	SEVENT
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		\$		Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

Name	YSTEM ID# 014552	S'			.	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				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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	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	'-FOURTH		JP	SUBSCRIBER GRO	TY-THIRD	EIGHT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	YSTEM ID# 014552	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTY-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
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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 Gr
	IP	SUBSCRIBER GROU	Y-EIGHTH	EIGHT	JP	SUBSCRIBER GRO	SEVENTH	EIGHTY-S
	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

Name	7STEM ID# 014552	31				LE SYSTEM:		CABLE ONE, INC.
	IP.	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	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	\$	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
	IP	SUBSCRIBER GROU	-SECOND	NINET	UP	SUBSCRIBER GRO	TY-FIRST	NINE
	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	S	Group	Total DSEs Gross Receipts Fourth	0.00	\$	iroup	Total DSEs Gross Receipts Third G
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 014552	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
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Total DSEs			0.00	Total DSEs		Į.I.	0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
								
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	NIN	ETY-SIXTH	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	1	11	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
ase Rate Fee: Add th			criber group	as shown in the boxes	above.	\$		

						014552	Name
	: COMPUTATION C					LID	
NINETY-SEVENT OMMUNITY/ AREA	'H SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0	9
OWWONT IT AREA			COMMONT IT AIRE	·············			Computation
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otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	and Casua	\$	0.00	
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	'H SUBSCRIBER GRO	DUP	ONE H	IUNDREDTH	SUBSCRIBER GRO	UP	
NINETY-NINT	H SUBSCRIBER GRO	'		IUNDREDTH		•	
	CALL SIGN	DUP	ONE H	IUNDREDTH		UP	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		OUP 0	ONE F	HUNDREDTH A	SUBSCRIBER GRO	UP 0	
CALL SIGN DSE		DUP	ONE H COMMUNITY/ ARE.	DSE	SUBSCRIBER GRO	DSE	
CALL SIGN DSE	CALL SIGN	DUP DSE DSE 0.00	ONE H COMMUNITY/ ARE. CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO	DSE O.00	
CALL SIGN DSE	CALL SIGN	DUP DSE DSE 0.00	ONE H COMMUNITY/ ARE. CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO	DSE O.00	

GROUP CRIBER GROUP 0 Computation of Base Rate Fee		TE FEES FOR EACH	DACEDA			
0 Computation LL SIGN DSE of			DASE KA	COMPUTATION OF	OCK A: (BI
Computation LL SIGN DSE of	D SECOND	ONE HUNDRE	JP	SUBSCRIBER GROU	ED FIRST	ONE HUNDR
		COMMUNITY/ AREA	0			COMMUNITY/ AREA
Base Rate Fee	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
CRIBER GROUP	D FOURTH	ONE HUNDRE	JP	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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0.00		Total DSEs	0.00			Total DSEs
0.00	n Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third C
	n Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

Name	YSTEM ID# 014552	S			•	_E SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
0	JP	SUBSCRIBER GROU	RED SIXTH	ONE HUNDI	UP	SUBSCRIBER GRO	ED FIFTH	ONE HUNDRI
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and						 		
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	0.00		•	Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GRO	SEVENTH	ONE HUNDRED S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

					LE SYSTEM:		CABLE ONE, INC.
	IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (BL
	SUBSCRIBER GROUP	ED TENTH	ONE HUNDRI	JP	SUBSCRIBER GRO	ED NINTH	ONE HUNDRE
0 Computation			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fee							
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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 Secon	0.00	\$	roup	Base Rate Fee First Gr
	SUBSCRIBER GROUP	TWELVTH	ONE HUNDRED	JP	SUBSCRIBER GRO	LEVENTH	ONE HUNDRED EL
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 CABLE ONE, INC.	R OF CAB	LE SYSTEM:				<u>.</u>	014552	Name
				TE FEES FOR EAC				
ONE HUNDRED THIS	RTEENTH	SUBSCRIBER GRO		İ		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	٩		0	Computatio
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		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 Foul	rth Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	очр	[*	0.00		Cloup	*	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

	YSTEM ID# 014552	S'			•	LE SYSTEM:		CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH				
		SUBSCRIBER GROUP	GHTEENTH	ONE HUNDRED EI		SUBSCRIBER GROUP	NTEENTH	ONE HUNDRED SEVE
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
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	JP	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TV	JP	SUBSCRIBER GRO	NTEENTH	ONE HUNDRED NIN
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CABLE ONE, INC.	R OF CABI	LE SYSTEM:	•			S	YSTEM ID# 014552	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-SECONE	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	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 Second	d Group	\$	0.00	
Base Rate Fee First Gre	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-FOURTH	I SUBSCRIBER GROUP		
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 Gi	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.	\$		

	YSTEM ID# 014552	S			·	LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNER CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
		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
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		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED TWEN		SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	LE SYSTEM:	•			Sì	O14552	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP	1	ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>	<u> </u>	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	1	ONE HUNDRED THIRT	Y-SECONI	SUBSCRIBER GROUP		
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	<u> </u>		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			criber group	as shown in the boxes a	above.	\$		

Name	YSTEM ID# 014552	S'			· 	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
•		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED THIR		SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED THIR
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
]	JP	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THIS	JP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED THIR
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			SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED THIRTY-
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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 014552 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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