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
8/27/2018	\$ 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	2018/1			
Period				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID	ess of the cable system on the last day of the counting perion	em the accounting period should s	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Illinois Bell Telephone Company			
				6298520181
				62985 2018/1
	1010 N. St. Mary's Street, Room 13-59-B			
	San Antonio, TX 78215-2109			
	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syste	em unless these
С	names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or sulte number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comm	nunity served below and rel	ist on nage 1h
_	with all communities.	orny the not com	numity served below and ref	ist on page 15
Area Served	CITY OR TOWN	STATE		
First	Chicago	IL		
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
Campic	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 suffciency 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: 62985 Illinois Bell Telephone Company 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# Chicago IL AA First ΪĹ Addison AA Community Algonquin IL AA Alsip IL AA 2 **Arlington Heights** IL AA 1 ĪL 2 **Aroma Park** AA See instructions for additional information on alphabetization.

			<del>-</del>
Aurora	IL	AA	1
Bannockburn	IL	AA	1
Barrington	IL	AA	1
Barrington Hills	IL	AA	1
Bartlett	IL	AA	1
Batavia	IL	AA	1
Beach Park	IL	AA AA	1
Bedford Park	IL	AA AA	2
Bellwood	IL IL	AA	2
Bensenville		AA	2
Berkeley	IL	AA	2
Berwyn	IL	AA	2 2 1
Bedford Park Bellwood Bensenville Berkeley Berwyn Bloomingdale Blue Island	IL	AA	
Blue Island	IL	AA	2
Bolingbrook Boulder Hill	IL	AA	2
Boulder Hill	IL	AA AA AA	1
Bourbonnais	IL	AA	2
Bradley	IL	AA	2
Bradley Bridgeview Broadview Brookfield	IL	AA	2
Broadview	IL	AA	2
Brookfield	IL	AA	2
Buffalo Grove	IL	AA	1
Bull Valley	IL	AA	1
Burbank	IL	AA	2
Burlington	IL	AA	1
Burnham	IL	AA	2
Burr Ridge	IL	AA	2
Calumet City	IL	AA	2
Calumet Park	IL	AA	2
Campton Hills	IL	AA	1
Carol Stream	IL	AA	1
Carpentersville	IL	AA	1
Cary	IL	AA	1
Channahon	IL	AA	2
Chicago Heights	IL	AA	2
Chicago Ridge	IL	AA	2
	l		L

Cicero	Cicero	l		A A	2
Coal City	Cicero	ļ	<b> _</b>	AA	2
Cook Unincorporated County (West)         I.         AA         2           Cook Unincorporated County (West)         II.         AA         3           Country Club Hills         II.         AA         2           Crest Hill         II.         AA         2           Dearm Common         II.         AA         2           Dear Park         II.         AA         1           Deerfield         II.         AA         1           Deerfled         II.         AA         2           Dixmoor         III.         AA         2           Dixmoor         III.         AA         2           Dupage Unincorporated County (East)         III.         AA         2           Ela State Unidee         III.         AA         2           Elbura	Clarendon Hills		IL		2
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Countryside	Cook Unincorporated County (East)		IL	AA	2
Countryside	Cook Unincorporated County (West)		IL	AA	3
Crestwood         IL         AA         2           Crystal Lake         IL         AA         1           Darlen         IL         AA         2           Deer Park         IL         AA         1           Deer Park         IL         AA         1           Deer Park         IL         AA         2           Dear Park         IL         AA         2           Dixmoor         IL         AA         2           Dolton         IL         AA         2           Downers Grove         IL         AA         2           Dupage Unincorporated County (East)         IL         AA         2           Dupage Unincorporated County (West)         IL         AA         2           East Dundee         IL         AA         2           East Dundee         IL         AA         1           East Dundee         IL         AA         1           Elburn         IL         AA         1           Elburn         IL         AA         1           Elk Grove Village         IL         AA         2           Elmhurst         IL         AA         2	Country Club Hills			ΔΔ	2
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Deer Park	Darien		IL	AA	2
DesPlaines	Deer Park	4		<b></b>	
Des Plaines	Doorfield				••••••••••
Dixmoor   IL	Dec Distance				
Downers Grove	Des Plaines				2
Downers Grove	Dixmoor		IL		2
Downers Grove	Dolton		IL	AA	2
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IL AA 2	Elgin		IL	AA	1
IL AA 2	Elk Grove Village				2
Elmwood Park	Fimhuret				2
Evanston   IL		<b> </b>			
Foregreen Park		4			2
Forest View	Evanston	4			
Forest View	Evergreen Park		IL	AA	2
Forest View	Fairmont		IL	AA	
Forest View	Flossmoor		IL	AA	
Forest View	Forest Park	• • • • • • • • • • • • • • • • • • • •			••••••••••
Fox Lake			• • • • • • • • • • • • • • • • • • • •		••••••••••
Fox River Grove   IL				<b>.</b>	
Frankfort         IL         AA         2           Franklin Park         IL         AA         2           Gages Lake         IL         AA         1           Geneva         IL         AA         1           Gilberts         IL         AA         1           Gilen Ellyn         IL         AA         2           Glencoe         IL         AA         1           Idencoe         IL         AA         1           Glenview         IL         AA         2           Glenwood         IL         AA         2           Golf         IL         AA         2           Grayslake         IL         AA         1           Green Oaks         IL         AA         1           Green Oaks         IL         AA         1           Gurnee         IL         AA         1           Hainesville         IL         AA         1           Hampshire         IL         AA         1           Harvoy         IL         AA         2           Hawthorn Woods         IL         AA         2           Hawthorn Woods         I	FOX LAKE			<b></b>	
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Glencoe         IL         AA         1           Glendale Heights         IL         AA         1           Glenview         IL         AA         2           Glenwood         IL         AA         2           Golf         IL         AA         2           Grayslake         IL         AA         1           Green Oaks         IL         AA         2           Grundy Unincorporated County         IL         AA         1           Gurnee         IL         AA         1           Hainesville         IL         AA         1           Hampshire         IL         AA         1           Hanover Park         IL         AA         2           Harwood Heights         IL         AA         2           Hawthorn Woods         IL         AA         2           Hawthorn Woods         IL         AA         2           Hickory Hills         IL         AA         2           Highland Park         IL         AA         1           Highland Park         IL         AA         1		ļ	<b> _</b>		1
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Harvey         IL         AA         2           Harwood Heights         IL         AA         2           Hawthorn Woods         IL         AA         1           Hazel Crest         IL         AA         2           Hickory Hills         IL         AA         2           Highland Park         IL         AA         1           Highwood         IL         AA         1	Hanover Park				1
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Hazel Crest         IL         AA         2           Hickory Hills         IL         AA         2           Highland Park         IL         AA         1           Highwood         IL         AA         1	narvey		IL		
Hazel Crest         IL         AA         2           Hickory Hills         IL         AA         2           Highland Park         IL         AA         1           Highwood         IL         AA         1	Harwood Heights		IL		2
Hazel Crest         IL         AA         2           Hickory Hills         IL         AA         2           Highland Park         IL         AA         1           Highwood         IL         AA         1	Hawthorn Woods		IL	AA	1
Hickory Hills         IL         AA         2           Highland Park         IL         AA         1           Highwood         IL         AA         1	Hazel Crest		IL	AA	2
Highland Park IL AA 1 Highwood IL AA 1			IL		
Highwood IL AA 1	Highland Park				1
Hillside IL AA 1  Hillside IL AA 2	Lighwood				1
HIIISIQE IL AA 2	nigiiw000				
	HIIISIQE	<u> </u>	IL	AA	2

Add rows as necessary.

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Hinsdale	IL	AA	2
Hodgkins	IL	AA	2
Hoffman Estates	IL	AA	1
Holiday Hills	IL	AA	1
Homer Glen	IL	AA	2
Hometown		AA	2
Hometown			
Homewood	<u>IL</u>	AA	2
Huntley Indian Creek	IL 	AA	1
Indian Creek	IL	AA	1
Indian Head Park	IL	AA	2
Inverness	IL	AA	1
Island Lake	IL	AA	1
Itasca	IL	AA	2
Johnsburg	IL	AA	1
Joliet	IL	AA	2
Justice	iL	AA	2
		AA	1
Kane Unincorporated County	IL "		
Kankakee	<u>  IL</u>	AA	2
Kankakee Unincorporated County	IL 	AA	2
Kendall Unincorporated County	IL	AA	11
Kenilworth		AA	3
Kildeer	IL	AA	1
La Grange	IL	AA	2
La Grange Park	IL	AA	2
Lake Barrington	IL	AA	1
Lake Bluff	IL	AA	1
Lake Forest	IL	AA	2
Lake in the Hills		AA	1
	IL 	<b></b>	
Lake Unincorporated County	IL	AA	1
Lake Villa	IL	AA	1
Lake Zurich	IL	AA	1
Lakemoor	IL	AA	1
Lakewood	IL	AA	2
Lansing Lemont	IL	AA	2
Lemont	IL	AA	1
Libertyville	IL	AA	1
Limestone	iL	AA	2
Lincolnshire	iL	AA	1
Lincolnwood	iL IL	AA	
			2
Lindenhurst	IL 	AA	1
Lisle	IL	AA	2
Lockport Lombard	IL	AA	2
Lombard	IL	AA	2
Long Grove	IL	AA	1
Long Lake	IL	AA	1
Long Lake Lynwood	IL	AA	2
Lyons	iL	AA	2
Manhattan	IL	AA	2
Marongo	II	AA	1
Marengo Markham	IL II	<b></b>	1
IVIAI NI IAIII	IL.	AA	2
Blatta a a		AA	2 2
Matteson			2
Matteson Maywood	IL	AA	
Matteson Maywood McCullom Lake	IL IL	AA AA	1
Matteson Maywood McCullom Lake	IL IL IL		1 1
Matteson Maywood McCullom Lake McHenry	IL IL IL	AA	1 1
Matteson Maywood McCullom Lake McHenry Mchenry Unincorporated County	IL IL IL IL	AA AA	1 1 1 1 2
Matteson Maywood McCullom Lake McHenry Mchenry Unincorporated County Melrose Park	IL IL IL IL	AA AA AA AA	1 1 1 2
Matteson Maywood McCullom Lake McHenry Mchenry Unincorporated County Melrose Park Merrionette Park	IL IL IL IL IL	AA AA AA AA	1 1 1 2 2 1
Matteson Maywood McCullom Lake McHenry Mchenry Unincorporated County Melrose Park	IL IL IL IL IL IL IL	AA AA AA AA	1 1 1 2

	,			<b></b>
Mokena		IL	AA	2
Montgomery		IL	AA	2
Morris		IL	AA	1
Morton Grove		: <u>=</u> IL		2
Mount Dropped			AA	<b></b>
Mount Prospect		IL.	AA	2
Mundelein Naperville		IL	AA	1
Naperville		IL	AA	2
New Lenox		IL	AA	2
Niles		IL	AA	2
Niles Norridge		: <u>-</u> IL	AA	
North A			L	
North Aurora		IL	AA	1
North Barrington		IL	AA	<u> </u> 1
North Chicago		IL	AA	1
North Riverside		IL	AA	2
Northbrook		IL	AA	1
Northfield				<b>4</b>
		IL.	AA	2
Northlake		IL	AA	3
Oak Brook		IL	AA	2
Oak Forest		IL	AA	2
Oak Lawn		IL	AA	2
Oak Park		: <u>-</u> IL	AA	2
			L	2 2
Oakbrook Terrace		IL	AA	
Oakwood Hills		IL	AA	1
Olympia Fields		IL	AA	2
Orland Hills		IL	AA	2
Orland Park		IL	AA	2
		! <u></u>  L	<b> </b>	1
Oswego Palatine			AA	<b></b>
		IL	AA	1
Palos Heights		IL	AA	2
Palos Hills		IL	AA	2
Palos Park		IL	AA	2
Park City		IL	AA	1
Park Forest		<u>                                     </u>	AA	<b></b>
Paik rolest		IL IL		2 2 2
Park Ridge Phoenix		<u>  L</u>	AA	2
Phoenix		IL	AA	2
Pingree Grove		IL	AA	1
Pistakee Highlands		IL	AA	1
Pistakee Highlands Plainfield			AA	2
Plano		! <del> </del>	AA	
		<b> _</b>	<b> </b>	<u> </u>
Port Barrington		<u>IL</u>	AA	1
Posen		IL	AA	2
Prairie Grove		IL	AA	1
Preston Heights		IL	AA	2
Prospect Heights		: <u>-</u> IL	AA	1
Richton Park				1
		IL	AA	2
Ringwood		IL	AA	1
River Forest		IL	AA	2
River Grove		IL	AA	2
Riverdale			AA	2
Diverside		! <del> </del>		<u> </u>
Riverside		<b> _</b>	AA	
Riverwoods		IL.	AA	1
		IL	AA	2
Robbins				2
Robbins		IL	AA	
Robbins Rockdale				1
Robbins Rockdale Rolling Meadows		IL	AA	1
Robbins Rockdale Rolling Meadows Romeoville		IL IL	AA AA	1 2
Robbins Rockdale Rolling Meadows Romeoville Roselle		IL IL IL	AA AA AA	1 2 1
Robbins Rockdale Rolling Meadows Romeoville Roselle Rosemont		IL IL	AA AA	1 2 1 2
Robbins Rockdale Rolling Meadows Romeoville Roselle Rosemont		IL IL IL	AA AA AA	1 2 1 2 2
Robbins Rockdale Rolling Meadows Romeoville Roselle Rosemont Round Lake Round Lake Beach		IL IL IL	AA AA AA AA	1 2 1 2 1 1

D			
Round Lake Park	IL.	AA	1
Saint Charles	IL IL	AA	1
Schaumburg Schiller Park	IL	AA	1
Schiller Park	IL	AA	2
Shorewood	IL	AA	2
Skokie	IL		2
OL II-II-		AA	
Sleepy Hollow	IL	AA	1
Sleepy Hollow South Barrington	IL	AA	1
South Chicago Heights	IL	AA	2
South Elgin	IL	AA	1
South Holland	IL	AA	2
Pto nor			
Steger	IL	AA	2
Stickney	IL	AA	2
Steger Stickney Stone Park	IL	AA	2
Streamwood	iL	AA	1
Sugar Grove	IL	AA	2
Summit	IL	AA	<b></b>
Summit Third Lake Thornton			2
I NITO LAKE	IL.	AA	1
Thornton	IL	AA	2
Tinley Park	IL	AA	2
Tinley Park Tower Lakes	IL	AA	1
Trout Valley	iL	AA	1
Vonetien Villere			<b></b>
Venetian Village	IL	AA	1
Vernon Hills	IL IL	AA	1
Villa Park	IL	AA	2
Volo	IL	AA	1
Wadsworth	iL	AA	1
Worrenville	IL		· · · · · · · · · · · · · · · · · · ·
Warrenville		AA	1
Wauconda	IL	AA	1
Waukegan	IL I	AA	1
Wavne	iL	AA	1
Wayne West Chicago West Dundee	IL	AA	1
West Dundes	IL	AA	<b></b>
West Duniaee			1
vvestchester	IL	AA	2
Western Springs	IL	AA	2
Westmont	IL	AA	2
Wheaton	IL	AA	1
Wheeling	iL	AA	1
Will Unincorporated County	IL	AA	2
Willow Springs	IL	AA	2
Willowbrook	IL	AA	2
Wilmette	IL	AA	3
Wilmington	IL	AA	2
Misfield			•
Winfield	IL 	AA	2
Winnetka	IL	AA	3
Winthrop Harbor	IL	AA	1
Wonder Lake	IL	AA	1
Wood Dale	IL	AA	2
Moodridge	1L_ 11		•
Woodridge	IL	AA	2
Woodstock	IL	AA	1
Worth	IL	AA	2
York Center	IL	AA	2
Yorkville	II	AA	1
7ion	11		1
41011 2 1 2 1	IL	AA	1
Zion Cedar Park	IN	AA	2
Crown Point	IN	AA	2
Dver	IN	AA	2
East Chicago	IN	AA	2
	IN IN	AA	•
			2
Gary Griffith	IN	AA	2

Hammond	IN	AA	2
Highland La Porte La Porte Unincorporated County Lake Unincorporated County Long Beach	IN	AA	2
La Porte	IN	AA	2
La Porte Unincorporated County	IN	AA	2
Lake Unincorporated County	IN	AA	2
Long Beach	IN	AA	2
Lowell	IN	AA	2
Merrillville	IN	AA	2
Merrillville Michianan Shores	IN	AA	2
Michigan City Munster Porter Unincorporated County Pottawattomie Park	IN	AA	2
Munster	IN	AA	2
Porter Unincorporated County	IN	AA	2
Pottawattomie Park	IN	AA	2
Saint John	IN	AA	2
Schererville	IN	AA	2
Saint John Schererville Trail Creek	IN	AA	2
Winfield	IN	AA	2

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
Illinois Bell Telephone Company
62985

## 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.

BL	OCK 1			BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	
Residential:								
<ul> <li>Service to first set</li> </ul>	275,936	\$	19.00	HD Tech Fee	227,781	\$	10.00	
<ul> <li>Service to additional set(s)</li> </ul>				Set-Top Box	277,644		\$0-\$15	
<ul> <li>FM radio (if separate rate)</li> </ul>				Broadcast TV Surcharge	275,936	\$4.	99-\$5.99	
Motel, hotel								
Commercial	1,708	\$	20.00					
Converter								
<ul> <li>Residential</li> </ul>								
<ul> <li>Non-residential</li> </ul>								
	<b> </b>					******		

## 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Video on Demand	\$0-\$100
<ul> <li>Pay cable—add'l channel</li> </ul>	\$5-\$199	Commercial		Service Activation Fee	\$0-\$35
Fire protection		Pay cable		Credit Management Fee	\$0-\$449
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		Dispatch on Demand	\$99 - \$149
Installation: Residential		Fire protection		Wireless Receiver	\$10-\$49
First set	\$0-\$199	Burglar protection		HD Premium Tier	\$7
<ul> <li>Additional set(s)</li> </ul>		Other services:		DVR Upgrade Fee	\$50
• FM radio (if separate rate)		Reconnect	\$0-\$35	Vacation Hold	\$ 7.00
Converter		Disconnect			
		Outlet relocation	\$0-\$55		
		<ul> <li>Move to new address</li> </ul>			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Illinois Bell Telephone Company 62985 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) WBBM/WBBMHD 2/1002 Ν No Chicago, IL WCHU-LD Chicago, IL 61 No See instructions for additional information WCIU/WCIUHD 26/1026 No Chicago, IL ı on alphabetization. No Chicago, IL WCPX/WCPXHD 38/1038 WESV-LD/WESVL 1 No Chicago,, IL 40/1040 WFLD/WFLDHD 32/1032 ı No Chicago, IL WGBO/WGBOHD 66/1066 No Joliet, IL WGN9/WGN9HD 9/1009 ı No Chicago, IL **WJYS** 62 I No Hammond, IN WLS/WLSHD 7/1007 Ν No Chicago, IL Ν WMAQ/WMAQHD 5/1005 No Chicago, IL **WMEU** 48 No Chicago, IL ı Chicago, IL WMEU-CD 48 ı No WOCK-CD/WODK 13/1013 ı No Chicago, IL WPWR/WPWRHD 50/1050 Τ No Gary, IN No WSNS/WSNSHD 44/1044 ı Chicago, IL Chicago, IL WTTW/WTTWHD 11/1011 Ε No

Rame  G  Primary  Transmitters:  Television
Primary Transmitters:
Primary Transmitters:
instructions for
litional information alphabetization.
,,p.,,a.,,c.,,2.,

LEGAL NAME OF OWNER OF CABLE S Illinois Bell Telephone Co					
Illinois Bell Telephone Co	YSTEM:			SYSTEM ID#	Name
	mpany			62985	
PRIMARY TRANSMITTERS: TELEVISI	ON				
In General: In space G, identify eve carried by your cable system during FCC rules and regulations in effect of 76.59(d)(2) and (4), 76.61(e)(2) and substitute program basis, as explain. Substitute Basis Stations: With basis under specifc FCC rules, regul • Do not list the station here in space station was carried only on a subsection was carried as form.  Column 1: List each station's cal each multicast stream as "WETA-2". Simulcast WETA-simulcast).  Column 2: Give the channel numits community of license. For examp on which your cable system carried to	y television stathe accounting in June 24, 19 (4), or 76.63 (19 did in the next respect to any ations, or auth G—but do lisstitute basis. ace I, if the state cerning substitute in a station account of the a station account of the station. Whether the station.	g period, except 81, permitting the referring to 76.6 paragraph. A distant stations orizations: to the station was carried to the station was carried to the station was carried to the station was station to the period of the reported in the station was assigned to the station is a network attention is a network attention to the station attention	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services er-the-air designation of the television stationington, D.C. This ork station, an indext of the television, and the television of television of the television of te	and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial	G Primary Transmitters: Television
of a written agreement entered into of the cable system and a primary trans- tion "E" (exempt). For simulcasts, als explanation of these three categories	page (v) of the the local sendage (v) of the Yes" in column on during the me basis becaute multicast street or or before Justiliter or an a second content "E". If it is, see page (v) and, site ones, if any, given the local sendage (v) and, site ones, if any, given set here.	e general instruct vice area, (i.e. "c general instruct 4, you must cor accounting period ause of lack of a sam that is not some 30, 2009, be association repreyou carried the of the general if the gene	ctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entertivated channel of subject to a royalty etween a cable system and the primary channel on any of instructions locate list the community with the community wit	ne paper SA3 form. es". If not, enter "No". For an ex- epaper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expanding the passes of 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. et to which the station is licensed by the enter the designation of the paper SA3 form. et to which the station is identified.	
Trote: If you are utilizing manapic one	•	EL LINE-UP	•	onamici inic up.	
	CHANN	CL LINE-UP			
	a T)/DE	1		2 1 2 2 4 7 1 2 1 2 7 4 7 1 2 1	
1. CALL 2. B'CAST CHANNEL	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
1. CALL 2. B'CAST CHANNEL NUMBER	* =	1		6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN CHANNEL	OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62985 Illinois Bell Telephone Company 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					5	SYSTEM ID#	Name			
Illinois Bell Telephone	Company	y				62985	Name			
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
In General: In space I, identi substitute basis during the acceptance of the programm	counting pe	riod, under spe	ecific present and former FC	C rules, regula	ations, or authorizations.	For a further	I Substitute			
explanation of the programm				e generai instr	uctions located in the paper	per SA3 form.	Carriage:			
<ul> <li>During the accounting per broadcast by a distant stat</li> </ul>	iod, did you			s, any nonne		X No	Special Statement and			
Note: If your answer is "No		rest of this pag	ge blank. If your answer is	'Yes," you mu	• •		Program Log			
log in block 2.										
2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro										
effect on October 19, 1976.				WHE	EN SUBSTITUTE	7 054001				
S	UBSTITUT	E PROGRAM	l T	CARR	IAGE OCCURRED	7. REASON FOR				
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION				
					<u> </u>		I			
					<u> </u>		I			
							I			
					_		I			
							I			
							I			
						-	I			
					<u> </u>		I			
					<u> </u>		I			
					_					
					_					

ACCOUNTING P	ERIOD: 2018/1	FORM SA3E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Illinois Bell Telephone Company	62985
	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-	
J	time carriage due to look of activated channel canacity you are required to complete this log giving the total dates of	and .

## Part-Time Carriage

Log

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."

<u> </u>		DATES	AND HOURS (	OF P	ART-TIME CAF	RRIAGE				
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN	CARRIAGE O			
	DATE	HOUR FROM	TO			DATE			OURS TO	
								_		
								_		
								_		
								_		
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								_		
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								_		
		_						_		

LEGA	IL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
Illin	ois Bell Telephone Company			62985	Name			
Inst all a (as i page	POSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's section dentified in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	ondar	y transmi ute this ar	ssion service	<b>K</b> Gross Receipts			
• Con • Con • If you fee to accomp	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.							
bloc	irt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.							
3 be	ort 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.							
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be	e entered	on line				
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.		.064 perc	ent of the				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	88,961,961.75				
	Enter the result here. This is your minimum fee.	\$		946,555.27				
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 colui "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and control of the control o	mn 4,	you must	check				
Block 3	Line 1. <b>BASE RATE FEE</b> : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	82,393.73				
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00				
	Line 3. Add lines 1 and 2 and enter here	\$		82,393.73				
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		\$	946,555.27	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter  0.00							
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact the Licensing			
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		947,280.27	appropriate 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 p	oage (i) of	the				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#								
	Illinois Bell Telephone Company		62985								
8.4	CHANNELS										
M	Instructions: You must give (1) the number of channels on which the cable to its subscribers and (2) the cable system's total number of activated chan										
Channels	to its subscribers and (2) the cable systems total number of activated char	a. names. or activated charmers, during the accounting period.									
	Enter the total number of channels on which the cable      was a social total place broadcast stations.	37	7								
	system carried television broadcast stations										
	2. Enter the total number of activated channels										
	on which the cable system carried television broadcast stations and nonbroadcast services	76	6								
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEED	PED: (Identify an individual									
Individual to	we can contact about this statement of account.)										
Be Contacted											
for Further	Name Diane Bellinger	Telephone 210-351-48	805								
Information											
	Address 1010 N. St. Mary's Street, Room 13-59-B (Number, street, rural route, apartment, or suite number)										
	San Antonio, TX 78215										
	(City, town, state, zip)										
	Email dg7796@att.com	Fax (optional) 210-246-8199									
	CERTIFICATION (This statement of account must be certifed and signed in	accordance with Copyright Office regulations.									
0											
Certifcation	• 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 cab	e system as identifed in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly au in line 1 of space B and that the owner is not a corporation or partnershi		entified								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partner		hla svetam								
	in line 1 of space B.	issilip) of the legal entity identified as owner of the cal	ne system								
	I have examined the statement of account and hereby declare under penalty of	f law that all statements of fact contained herein									
	are true, complete, and correct to the best of my knowledge, information, and b [18 U.S.C., Section 1001(1986)]	elief, and are made in good faith.									
	, , ,										
	X /s/ Mike McGuire										
	/s/ Mike McGuire										
	Enter an electronic signature on the line above using an "/- (e.g., /s/ John Smith). Before entering the first forward sla		I press the								
	"F2" button, then type /s/ and your name. Pressing the "F										
	Typed or printed name: Mike McGuire										
	Title: Assistant Vice President – Billing										
	(Title of official position held in corporation or partnersl	ip)									
	Date: August 23, 2018										
	Date. August 23, 2010										

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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Illinois Bell Telephone Company	62985	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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to  For more information on when to exclude these amounts, see the note on page (vii) of the general instrupance SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?  X NO	for the basic not include sub- section 119."	Special Statement Concerning Gross Receipts Exclusion
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	x 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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further as 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.

ACCOUNTING PERIOD: 2018/1

# 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.	

**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 of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

#### **EXAMPLE**:

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

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



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
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 CAB	LE SYSTEM:			S'	STEM ID#				
1	Illinois Bell Telephone	Company	mpany  TO'' STATIONS:  If part 5 of this schedule.  10.25  11 ist the call signs of all distant stations identified by the letter "O" in column 5 or each independent station, give the DSE as "1.0"; for each network or noncomne DSE as "2.5."  CATEGORY "O" STATIONS: DSEs  DSE	62985						
	SUM OF DSEs OF CATEGO		IS:							
	Add the DSEs of each static				0.05					
	Enter the sum here and in line	e 1 of part 5 of this	s schedule.		0.25					
2	Instructions:	Ciarry 11 link than and	l sisses of all distant stations	_ ::::	ha lattan "O" in anluman F					
	of space G (page 3).	Sign": list the cal	i signs of all distant stations	s identified by t	ne letter O in column 5					
Computation	In the column headed "DSE			E as "1.0"; for	each network or noncom-					
of DSEs for	nercial educational station, give the DSE as ".25."									
Category "O"										
Stations	CALL SIGN		CALL SIGN	DSE	CALL SIGN	DSE				
	WYIN/WYINHD	0.250								
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										

	LEGAL NAME OF	OWNER OF CABLE SYSTEM:						S	YSTEM ID#
Name	Illinois Bell	Telephone Company	,						62985
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all distant: correspond with the information, give the correspond with the information of the correspond with the information of the correspond with the information of the corresponding of the call significant significant in the call signifi	he number of hours mation given in spa he total number of humn 2 by the figure mal point. This is the station, give the "typlumn 4 by the figure	your cable syster ce J. Calculate on tours that the station column 3, and ge "basis of carriagoe-value" as "1.0."	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 a each station. rer the air during decimals in colustation. rk or noncomme n column 6. Rou	the account umn 4. This fi ercial education	ing period. igure must onal station,	
Capacity		С	ATEGORY LAC	STATIONS:	COMPUTATI	ON OF DSE	s		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3. N JRS C ED BY S M C	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAG VALUE	SE 5	. TYPE VALUE	6. DS	
			÷					<u>=</u>	
			÷ ÷						
			÷	=		x	••••••	=	
			÷						
			÷					=	
			······			x x		<u>-</u>	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv Was carried tions in effetal Broadcast of space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each station of each station.  The third is the call sign of each station give the of each station of each station.	art 5 of this schedul ation listed in space itution for a progran as shown by the let ork programs during number of live, nor spond with the infor in the calendar yean an 2 by the figure in	I (page 5, the Log n that your system ter "P" in column 7 that optional carri- metwork programs mation in space I. ar: 365, except in a column 3, and giv	of Substitute Programmer of Substitute Programmer of space I); and age (as shown by a carried in substance the result in control of Substitute Programmer of Substitute Pro	o delete under for the word "Yes" in titution for programma 4. Round	FCC rules an an column 2 of ams that well to no less th.	re deleted an the third	rm).
		CIII	BSTITUTE-BAS	IC CTATIONS	E: COMPLITA	TION OF D	250		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBI OF PROGI	ER :	3. NUMBER OF DAYS IN YEAR	4. DSE
							÷		=
		÷		=			÷		=
		÷		=					=
		÷ ÷		=			÷		=
	Add the DSEs	OF SUBSTITUTE-BASI	IS STATIONS:	e,	▶		0.00		
<b>5</b> Total Number of DSEs	number of DSE:  1. Number o  2. Number o	ER OF DSEs: Give the ames applicable to your system of DSEs from part 2 • If DSEs from part 3 • If DSEs from part 4 • If DSEs from part 4 •		s in parts 2, 3, and	4 of this schedule	e and add them t	0	0.25 0.00 0.00	0.25

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

LEGAL NAME OF C							S'	YSTEM ID#	Name
Illinois Bell Te		-						62985	
Instructions: Bloc In block A:									•
<ul> <li>If your answer if schedule.</li> </ul>				7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete bl			ELEVISION M	ARKETS				Computation of
Is the cable syster						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24, Yes—Com		schedule—[	OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
<del></del>	lete blocks B and					,			
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1:	List the call signs			part 2, 3, and 4 o			tem was permitte	d to carry	
CALL SIGN		ne DSE Sche	dule. (Note: T	ne 25, 1981. For for the letter M below r Act of 2010.)	•	•			
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	sis on which you o elow pertain to tho rket quota rules [7	se in effect o	n June 24, 198		g tc	
O/WWW.	B Specialty static C Noncommeric D Grandfathered	al educational station (76.4)	al station [76.5 65) (see parag	76.59(d)(1), 76.61( 9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	•	ant to individe	ual waiver of Fed on a part-tir	ne or substitute ba	•			(E)	
	M Retransmission			contour, [76.59(d)( eam.	(5), 76.61(e)(t	o), 76.63(a) ret	erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pago	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN WYIN/WYIN	BASIS	0.25	SIGN	BASIS		SIGN	BASIS		
• • • • • • • • • • • • • • • • • • •	<u> </u>	0.23							
								0.25	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter su	ım here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				X		carriage? If yes, see part
									9 instructions.
Line 7: Multiply I	ine 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Illinois Bell Telephone Company  62985												
		,	BLOCK	A: TELEVIS	ION MARKET	S (CONTIN	UED)	Ī		_		
	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 of 3.75 Fee		
••••									•••••			
									•••••			
									••••••			
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	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:								S	YSTEM ID:	#	
Name	Illinois Bell Tele	ephone Co	mpany									6298	5	
Worksheet for Computating the DSE Schedule for Permitted 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													
		PERMITT	ED DSE FO	OR STA	TIONS CARRI	ED	1O (	A PART-TIME AN	ID SUBSTI	TUTE BASIS				
	1. CALL	2. PRI			OUNTING			4. BASIS OF		RESENT	6. P	ERMITTED	_	
	SIGN	DSE			RIOD			CARRIAGE		DSE		DSE		
													Т	
													••••	
													••••	
							•••••						••••	
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				•••••									••••	
				••••••									••••	
				••••••			•••••						••••	
<b>7</b> Computation of the	Instructions: Block A In block A: If your answer is If your answer is	"Yes," comple	ete blocks E			e pa	art 8	of the DSE sched	ule.					
Syndicated			İ	BLOCK	A: MAJOR	TE	ELE	EVISION MARK	ET					
Exclusivity														
Surcharge	Is any portion of the or	cable system v	vithin a top 1	100 majo	r television ma	rke	t as	defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?		
	X Yes—Complete	blocks B and	IC.					No—Proceed to	part 8					
									P 4 7 -					
	BLOCK B. C	arriage of VHI	E/Grade B (	Contour	Stations			BI OCK	C: Compu	tation of Exem	nt DSE	<u> </u>		
						$\dashv$	<u></u>						_	
	Is any station listed in commercial VHF stati or in part, over the ca	on that places	•	•			nity	is any station listed v served by the cab former FCC rule 76	le system p					
	Yes—List each s	tation below wi	th its approp	riate pern	nitted DSE			Yes—List each st	ation below	with its appropria	ate permi	tted DSE		
	X No—Enter zero a			·				No—Enter zero a			·			
		, ,				,			, ,	r	ı			
	CALL SIGN	DSE	CALL S	SIGN	DSE			CALL SIGN	DSE	CALL SIG	iN	DSE		
													l	
							-		<b> </b>					
									<b> </b>				ı	
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							-		<b> </b>				ı	
			_		0.00				<u> </u>	_			l	
			TOTAL I	DSEs	0.00	]				TOTAL DS	Es	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 62985	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	02303	
Section			-
1	Enter the amount of gross receipts from space K (page 7)	88,961,961.75	/
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC?  X 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 DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE .	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the foure 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.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
- Hamo	I	Illinois Bell Telephone Company	62985									
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.										
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)										
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$										
Surcharge		C. Multiply line B by 3.000 and enter here										
		D. Enter 0.00089 of gross receipts (the amount in section 1)										
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here										
		F. Multiply line D by line E and enter here ▶ \$										
		G. Add lines A, C, and F. This is your surcharge.										
		Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge										
		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B;  however, if block A of p	art									
8		checked "Yes," use the total number of DSEs from part 5.	art									
		• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.										
Computation of		• If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.										
Base Rate Fee	blank	our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below nk.										
	What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers											
	were located within that station's local service area and others were located outside that area. For the definition of a station's "local											
	service area," see page (v) of the general instructions.											
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS											
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?											
	X Yes—Complete part 9 of this schedule. No—Complete the following sections.											
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE										
	Section											
	1	Enter the amount of gross receipts from space K (page 7) ▶\$										
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.										
	_	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)										
	Section	· /										
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.										
		A. Enter 0.01064 of gross receipts										
		(the amount in section 1)										
		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)	0.00									
		Base Rate Fee	<u></u> !.									

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/1

	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Illinois	Bell Telephone Company	62985	
	the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶\$		8
E	B. Enter 0.00701 of gross receipts  (the amount in section 1)	_	Computation of
(	C. Multiply line B by 3.000 and enter here <b>&gt;</b>		Base Rate Fee
1	D. Enter 0.00330 of gross receipts (the amount in section 1)		
E	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
ı	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	
	Dase Rate Fee	0.00	
	ANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca e reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe		9
In Genera	al: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
•	rom subscribers located within the station's local service area, from your system's total gross receipts. To take a , you must:	dvantage of this	of Base Rate Fee
station or DSEs and	ride all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine d the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
NOTE: If also comp	any portion of your cable system is located within the top 100 television market and the station is not exempt in pute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be ble system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
	dentify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	or each community served, determine the local service area of each wholly distant and each partially distant states that community.	ion you	Stations
outside th	or each wholly distant and each partially distant station you carried, determine which of your subscribers were lose station's local service area. A subscriber located outside the local service area of a station is distant to that statoken, the station is distant to the subscriber.)		
Step 3: D subscribe	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. For group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the same complement of stations is to arrive the same complement of stations. Note the same consists of the same complement of stations is the same complement of stations. Note the same complement of stations is carried to subscribe group when the distant stations it carried have local service areas that coincide.		
groups.	ng the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each se	ection: the communities/areas represented by each subscriber group.		
• Give the	e call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all ers in the group.	of the	
• lf:	votem is legated whelly outside all major and amplier tolevising markets, sive each station's DOT vote 15 is	n norto 2 2	
and 4 of t	ystem is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in this schedule; or,	•	
part 6	rtion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b of this schedule.	IUUK D,	
	DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	te gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general i aper SA3 form.	nstructions	
page. In	e a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the that group's complement of stations and total gross receipts from the subscribers in that group). You do not pre-	at is, the total	

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

actual calculations on the form.

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62985 Illinois Bell Telephone Company 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   DSE   CALL SIGN	LEGAL NAME OF OWN Illinois Bell Telep						S	YSTEM ID# 62985	Name
COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DS	B	SLOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group S 28,398,158.09  Total DSEs 0.25 COMMUNITY/ AREA 0  CALL SIGN DSE CALL SIGN DSCACL CALL SIGN DSE CALL SIGN DSCACL CALL SIGN DSCACL CALL SIGN DSCACL CALL SIGN DSE CALL SIGN DSCACL CALL		FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	JP	0
CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   Base Rate Fee Second Group   S   Total DSE   CALL SIGN   DSE   C				0		Computation			
and Syndrated Exclusivity Surcharge for Call DSEs 0.00 Gross Receipts First Group 5 28,398,158.09  Base Rate Fee First Group 5 28,398,158.09  Third DSES 0.00 COMMUNITY/ AREA 0 COMMUNITY/ AREA		1 1		DSE			CALL SIGN	DSE	of
Syndicated Exclusivity Surcharge for Partially Distant Stations  Total DSEs	WYIN/WYINHD	0.25							Base Rate Fee
Esclasivity Surcharge for Partially Distant Stations  Total DSEs  Gross Recepts First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  OCALL SIGN DSE  CALL S			-						
Surcharge Total DSEs  Gross Receipts First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE		<u></u>	-						Syndicated
Total DSEs									
Total DSEs  Total		<del> </del>	-						
Total DSEs  Gross Receipts First Group  THIRD SUBSCRIBER GROUP  THIRD SUBSCRIBER GROUP  CALL SIGN  DSE  CALL S		<del> </del>		<b>.</b>		·····			
Total DSEs  Gross Receipts First Group \$ 28,398,158.09   Gross Receipts Second Group \$ 57,986,874.11    Base Rate Fee First Group \$ 75,539.10   Base Rate Fee Second Group \$ 0.00    THIRD SUBSCRIBER GROUP   FOURTH SUBSCRIBER GROUP    COMMUNITY/ AREA   0   COMMUNITY/ AREA   0    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    WYIN/WYINHD   0.25   CALL SIGN   DSE   CALL SIGN   DSE    WYIN/WYINHD   0.25   CALL SIGN   DSE   CALL SIGN   DSE    Gross Receipts Fourth Group   S 0.00    Base Rate Fee Third Group   S 0.00    Base Rate Fee Third Group   S 0.00    Base Rate Fee Fourth Group   S 0.00    Base Rate Fee Fourth Group   S 0.00    Base Rate Fee Fourth Group   S 0.00    Base Rate Fee Add the base rate fees for each subscriber group as shown in the boxes above.		<del> </del>		·			<b>-</b>	<del></del>	-
Total DSES  Gross Receipts First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN		<del> </del>	-	<b>†</b>			-	<del></del>	
Gross Receipts First Group  S 28,398,158.09  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CAL		<del></del>	-	•				<del></del>	Otations
Gross Receipts First Group  S 28,398,158.09  Gross Receipts Second Group  S 57,986,874.11  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SIGN			-	†				<u> </u>	
Gross Receipts First Group  S 28,398,158.09  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CAL									
Gross Receipts First Group  S 28,398,158.09  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CAL									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  Total DSEs  Gross Receipts Third Group  S  CROSS Receipts Second Group  S  ST,986,874.11  Base Rate Fee Second Group  S  CALL SIGN  DSE  CA									
Gross Receipts First Group  S 28,398,158.09  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CAL									
Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  WYIN/WYINHD  O  COLL SIGN  DSE  CALL SIGN  DSE  Total DSEs  Gross Receipts Third Group  S  CALS GROUP  Total DSEs  Gross Receipts Third Group  S  CALS GROUP  Total DSEs  Gross Receipts Fourth Group  S  CALS GROUP  Total DSEs  CALL SIGN  DSE  C	Total DSEs			0.25	Total DSEs			0.00	
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  WYIN/WYINHD  O.25  Total DSEs  Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Third Group  \$ 6,854.63  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts First G	Group	\$ 28,398	,158.09	Gross Receipts Sec	cond Group	\$ 57,98	36,874.11	
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  WYIN/WYINHD  O.25  Total DSEs  Gross Receipts Third Group  \$ 2,576,929.55  Base Rate Fee Third Group  \$ 6,854.63  Base Rate Fee Fourth Group  \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
COMMUNITY/ AREA  O CALL SIGN  D SE   Base Rate Fee First G	Group	\$ 75	,539.10	Base Rate Fee Sec	cond Group	\$	0.00		
CALL SIGN DSE CA		THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
WYIN/WYINHD 0.25	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
Total DSEs 0.25 Gross Receipts Third Group \$ 2,576,929.55  Base Rate Fee Third Group \$ 6,854.63  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00	WYIN/WYINHD	0.25							
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00			-						
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00			-	<u>.</u>					
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00				<u> </u>		·····		<u></u>	
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		<del> </del>		<b></b>				<u></u>	
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		<u></u>		<b>†</b>			-	···	
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		···		•		•••••		···	
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		•	-	•					
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		<mark></mark>		<u> </u>					
Gross Receipts Third Group  \$ 2,576,929.55  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Base Rate Fee Third Group \$ 6,854.63  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.25	Total DSEs			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third	Group	\$ 2,576	,929.55	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee Third (	Group	\$ 6	,854.63	Base Rate Fee Fou	ırth Group	\$	0.00	
Enter here and in block 3, line 1, space L (page 7) \$ 82,393.73				riber group	as shown in the boxe	s above.	s 5	32,393.73	

LEGAL NAME OF OWN Illinois Bell Teler						S	YSTEM ID# 62985	Name
E		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>		·····	-		Base Rate Fee
						-		Syndicated
								Exclusivity Surcharge
								for
								Partially
	····					-		Distant Stations
						-		
			<u></u>		·····	<u>                                     </u>		
Total DSEs		ļ ļ	0.00	Total DSEs		-!-!	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	DUP <b>0</b>	COMMUNITY/ ARE		SUBSCRIBER GROU	JP <b>0</b>	
				- COMMONT 17711CE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····			<del>-  </del>		
			<u></u>		·····	-		
						-		
	<u>-</u>					 		
						-		
						<del></del>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Illinois Bell Telephone Company  SYSTEM ID# 62985								
Bl				TE FEES FOR EAC		RIBER GROUP SUBSCRIBER GROU		
	FIRST	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
		-						and
		-					<u></u>	Syndicated
	<del>.  </del>						<del></del>	Exclusivity Surcharge
		-						for
								Partially
								Distant
		-						Stations
						+		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 28,398	,158.09	Gross Receipts Seco	ond Group	\$ 57,98	36,874.11	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		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	Group	\$ 2,576	,929.55	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Barrier Committee	- 1-		anila a	II				
<b>Base Rate Fee:</b> Add th Enter here and in block			criber group	as snown in the boxes	s above.	\$	0.00	

## **Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNE			po			S	STEM ID# 62985	Name	
Bl				TE FEES FOR EACH					
	FIFTH	SUBSCRIBER GROU			SIXTH	SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
		-						and	
						-		Syndicated	
	<mark>-</mark>				<u> </u>	-		Exclusivity Surcharge	
	·	-				-	···	for	
								Partially	
		_						Distant	
						-		Stations	
	<b></b>								
		H				H			
Total DSEs			0.00	Total DSEs		_	0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00		
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
(	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROU	IP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						<u> </u>			
	<u>.</u>				<u> </u>	<b>-</b>			
	· ····································				······································				
	<u> </u>					-	_		
	<b></b>								
	·					H			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Proup	¢	0.00		Group	•	0.00		
oross neceipis mila c	лоир	\$	0.00	Gross Receipts Fourth	готоир	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
		te fees for each subso space L (page 7)	riber group	as shown in the boxes	above.	\$			

ACCOUNTING PERIOD: 2018/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Illinois Bell Telephone Company 62985 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

ACCOUNTING PERIOD: 2018/1

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Illinois Bell Telephone Company 62985 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. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown