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:

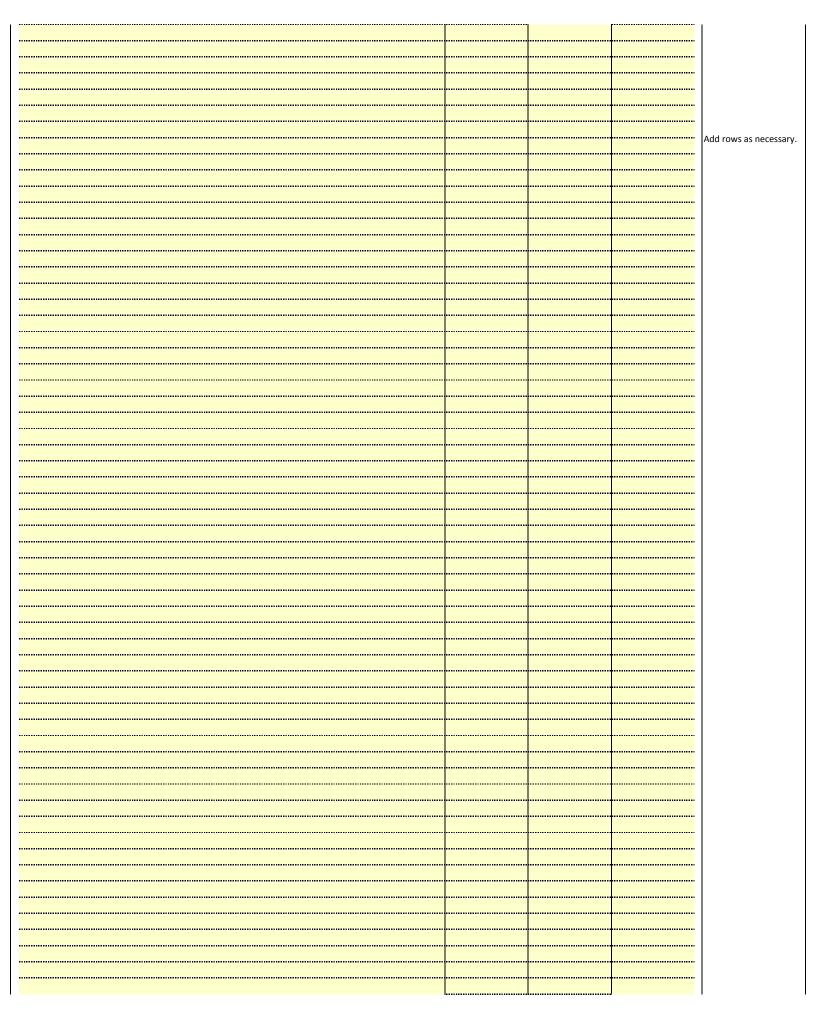
### coplicsoa@loc.gov

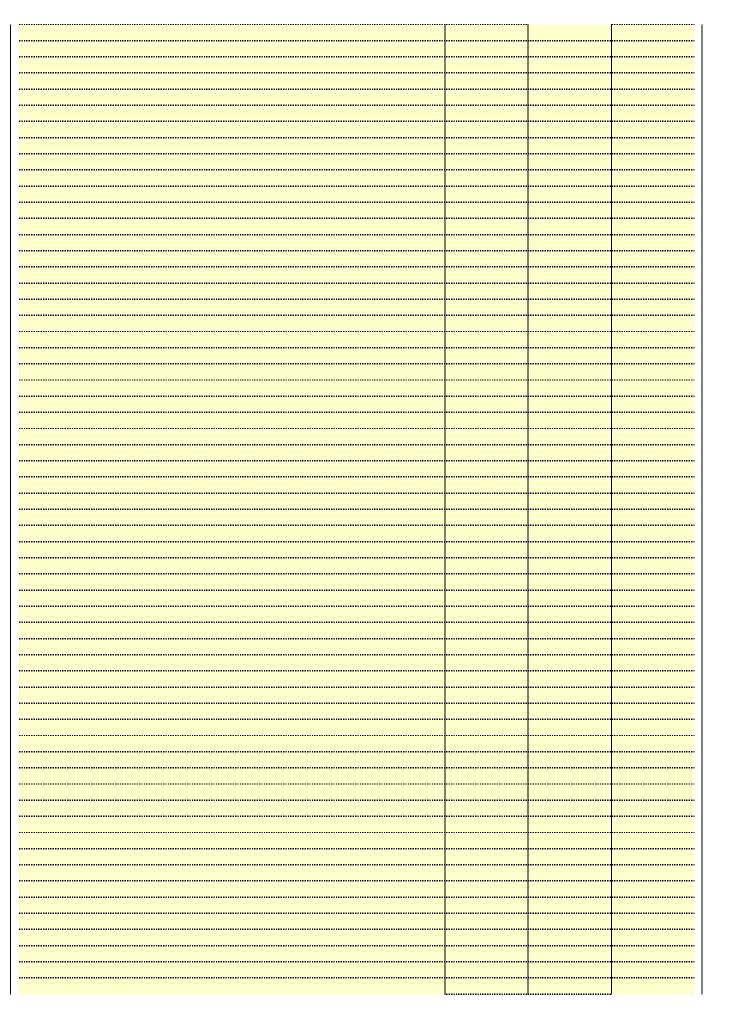
For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

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 subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the business of the cable system  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  63099									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	Southwestern Bell Telephone Company									
	6309920181									
				63099 2018/1						
	1010 N. St. Mary's Street, Room 13-59-B									
	San Antonio, TX 78215-2109									
	·	Jane 196 - Ohan Ingelie								
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of									
System	IDENTIFICATION OF CABLE SYSTEM:			<u> </u>						
	1									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
	(City town state via ends)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page 1b						
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First	Fort Smith AR									
Community	Below is a sample for reporting communities if you report multiple cha			T						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda	MD	A	1						
	Alliance	MD	В	2						
1	Gering	MD	В	3						

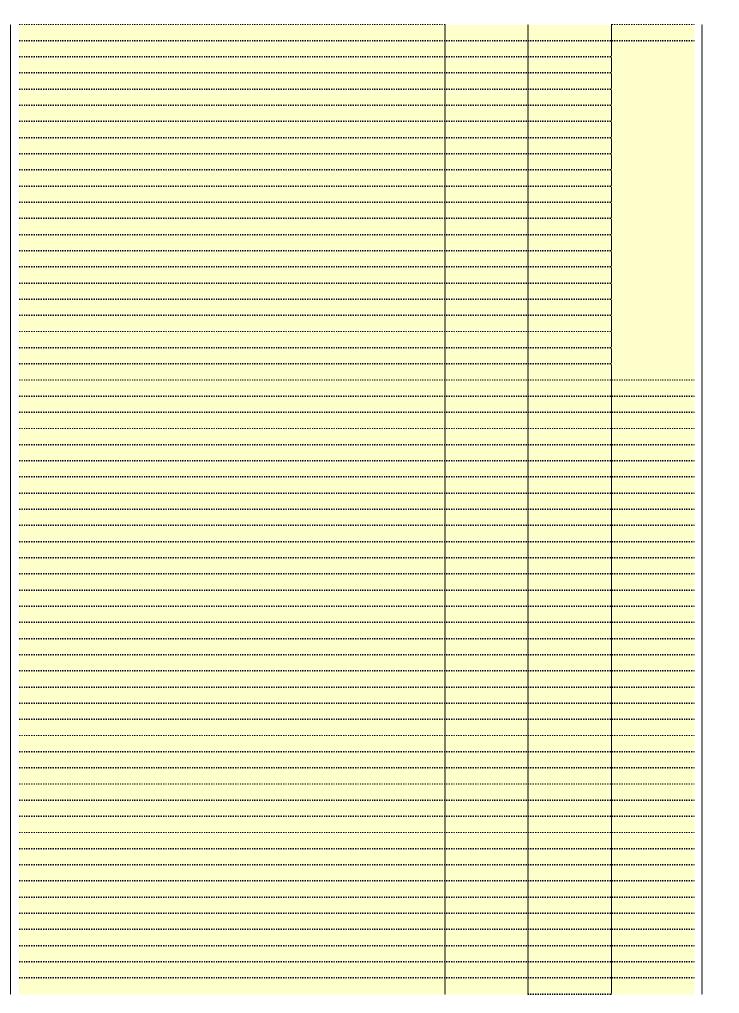
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, 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: 63099 Southwestern 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# **Fort Smith** AR **First** Avoca AR Community **Barling** AR **Bella Vista** AR **Benton Unincorporated County** AR **Bentonville** AR See instructions for **Bethel Heights** AR additional information on alphabetization. **Cave Springs** AR **CENTERTON AR Crawford Unincorporated County** AR AR AR **Elm Springs** Farmington AR **Fayetteville** AR Goshen AR Greenland **AR** Johnson AR Little Flock AR Lowell AR **Madison Unincorporated County** AR AR Sebastian Unincorporated County AR **Springdale** AR **Tontitown** AR Van Buren AR Washington Unincorporated County AR OK Arkoma





***************************************	 	



T		

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southwestern Bell Telephone Company

63099

### 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.

BLC	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>	15,193	\$ 19.00	HD Tech Fee	12,433	\$ 10.00
<ul> <li>Service to additional set(s)</li> </ul>			Set-Top Box	15,296	\$0-\$15
<ul> <li>FM radio (if separate rate)</li> </ul>			Broadcast TV Surcharge	15,193	\$4.99-\$5.99
Motel, hotel					
Commercial	103	\$ 20.00			
Converter					
<ul> <li>Residential</li> </ul>					
<ul> <li>Non-residential</li> </ul>					

## 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>			

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#				
Southwestern I	Bell Telepho	one Compa	any		63099	Name			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a									
	tations: With	respect to any	distant stations	carried by your c	able system on a substitute program	Transmitters: Television			
	here in space	G—but do lis		e Special Stateme	ent and Program Log)—if the				
<ul> <li>station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul>									
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its over	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example				
					on for broadcasting over-the-air in may be different from the channel				
on which your cable sy Column 3: Indicate	stem carried the in each case v	ne station. whether the st	tation is a netwo	rk station, an inde	ependent station, or a noncommercial				
(for independent multic For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of the	l educational), o e general instruc	r "E-M" (for nonco					
planation of local servi	ce area, see pa	age (v) of the	general instructi	ons located in the	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your				
•	ne distant statio	on during the	accounting perio	od. Indicate by ent	tering "LAC" if your cable system				
of a written agreement	entered into o	n or before Ju	ine 30, 2009, be	tween a cable sys	payment because it is the subject stem or an association representing				
tion "E" (exempt). For s	simulcasts, als	o enter "E". If	you carried the	channel on any ot	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.				
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	which the station is licensed by the which the station is identifed.				
Note: If you are utilizing		, , ,		•					
		CHANN	EL LINE-UP	AA					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
KAFT/KAFTHD	13/1013	Е	No	(	Fayetteville, AR	1			
KFSM/KFSMHD	5/1005	N	No		Fort Smith, AR	See instructions for			
KFTA/KFTAHD	24/1024	I	No		Fort Smith, AR	additional information			
KHBS/KHBSHD	40/1040	N	No		Fort Smith, AR	on alphabetization.			
KHBSD2/KHBSH2	29/1029	I	No		Fort Smith, AR				
KHOG/KHOGHD	29/109	N	No		Fayetteville, AR				
KNWA/KNWAHD	51/1051	N	No		Rogers, AR				
KXNW/KXNWHD	34/1034	I	No		Eureka Springs, AR				
KXUN-LD/KXUNH	43/1043	I	No		Fort Smith, AR				
						-			
						-			
	<u> </u>					-			
	<u> </u>					-			
						•			

Southwaster Boll Telephone Company  Ramo  Ramo  Ramo  Ramo  Ramary Transmitters: Television  In General: In space G. identify every television station (including translator stations and low power felevision stations)  In General: In space G. identify every television station (including translator stations and low power felevision stations)  Ramo	FORM SA3E. PAGE 3.							
PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under PCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,59((c)2) and (4), 76.63 (referring to 76.61(e)(2) and (4)); and (2) cartain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific PCC rules, regulations, or authorizations:  10 not list the station here, and also in space (1) if the station was carried only on a substitute basis.  1 tist the station here, and also in space (1) 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 H80, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation.  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper	LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:					Name
General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under 76.59(q)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations:  - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  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). "E" (for noncommercial educational station on the community 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 a further explanation of	Southwestern	Bell Telepho	one Compa	any		6	3099	
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for 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 to which the station is identified.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AB  1. CALL BCAST CHANNEL OF CARRIAGE	PRIMARY TRANSMITT In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Program ba Substitute Basis of Substitute Basis of Substitute Station was carried of List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-simulcast).  Column 2: Give the its community of license.	Bell Telepho ERS: TELEVISIO G, identify every system during to ions in effect or 6.61(e)(2) and ( sis, as explaine Stations: With a CC rules, regula in here in space only on a subs and also in space form. Ich station's call associated with a-2". Simulcast e channel numb ise. For example	y television state accounting a June 24, 194, or 76.63 (red in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state raing substitute sign. Do not red a station according to the FCC hear was a consideration and the state of the FCC hear was a consideration and the state of the FCC hear was a consideration and the state of the FCC hear was a consideration and the state of the FCC hear was a consideration and the state of the FCC hear was a consideration and the state of the FCC hear was a consideration and the state of the s	ation (including period, except 81, permitting the referring to 76.6 paragraph. Validations: to the time the time that it is space I (the referring to the time that it is space I (the referring to its own the report origination coording to its own the reported in the re	(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 statistics.	and low power television stations) donly 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		G Primary Transmitters:
1. CALL 2. B'CAST SIGN 2. B'CAST 3. TYPE 4. DISTANT? (Yes or No) 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION	Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreementhe cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or of the station of the second statio	e in each case way entering the lecast), "E" (for neese terms, see ation is outside ice area, see prave entered "Yillion on a part-liticion on a part-liticion of a distant tance dinto o a primary trans simulcasts, also ree categories e location of ea Canadian statio	whether the stater "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the amulticast stream or before Jumitter or an action ender "E". If a see page (v) ch station. Foons, if any, givennel line-ups,	etwork), "N-M" ('I educational), on e general instructivice area, (i.e. "or general instructivice area, (i.e. "or general instructivity, you must contact accounting perioduse of lack of a geam that is not so general in the general	for network multic in "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, sod. Indicate by entictivated channel of subject to a royalty stween a cable system of the primary channel on any of instructions locate list the community with space G for each	ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The paper SA3 for	3	
SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AB			
		CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63099 Southwestern 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 PERIO										
Southwestern Bell Tele							S	YSTEM ID# 63099	Name	
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
<b>Note:</b> If your answer is "No log in block 2.			ge blank. If your answer is '	'Yes," you mι	ust comple	te the p	orogram		Program Log	
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 to 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 program was substituted for programming that your system was permitted to delete under FCC rules and regulations in										
S	UBSTITUT	E PROGRAM	1		EN SUBS			7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	MONTH 6. TIMES		6. TIMES			
						_				
						_				
						_				
						_				
						_				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southwestern Bell Telephone Company

63099

## J

### Part-Time Carriage Log

### PART-TIME CARRIAGE LOG

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

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

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

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m."
   12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE									
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN	CARRIAGE O		
	DATE	HOUR FROM	TO			DATE	FROM	OUR	TO
								_	
								_	
								_	
								_	
								_	
								_	
								_	
								_	
								_	
								_	
								_	
		_						_	

LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name					
So	uthwestern Bell Telephone Company	63099	Name					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  \$ 5,025,927.47								
IMF	PORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.	pe entered on line 1 of						
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2 in block						
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line						
Block 1	MINIMUM FEE: 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.  Line 1. Enter the amount of gross receipts from space K							
	Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.							
	This is your minimum fee.	\$ 53,475.87						
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 colu "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.  x No—Leave block 3 below blank and column to the stations of	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	\$ -						
	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	\$ -						
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	\$ 53,475.87	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		submitting additional					
	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					
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the appropriate					
TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here								
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page (i) of the						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Humo	Southwestern Bell Telephone Company	63099									
N.4	CHANNELS	akaki a sa									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast	stations									
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
	Enter the total number of channels on which the cable	18									
	system carried television broadcast stations										
	2. Enter the total number of activated channels										
	on which the cable system carried television broadcast stations	622									
	and nonbroadcast services										
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)										
for Further	Name Diane Bellinger Telephone 2	210-351-4805									
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) 210-246-8	3199									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office reg	ulations.									
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 cable system as identifed in line 1 of space	B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B.	vner of the cable system									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	ed herein									
	X /s/ Mike McGuire										
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus										
	Typed or printed name: <b>Mike McGuire</b>	. , , , ,									
	Title: Assistant Vice President – Billing Operations  (Title of official position held in corporation or partnership)										
	Date: August 23, 2018										

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Southwestern Bell Telephone Company	63099	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions purpose amounts on when to exclude these amounts, see the note on page (vii) of the ger paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for smade by satellite carriers to satellite dish owners?	e system for the basic stem shall not include sub- ursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late p For an explanation of interest assessment, see page (viii) of the general instructions in the page		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
	x	Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
	xdays	
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)	<u>-</u>	
	(interest 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 contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late	e.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to th please list below the owner, address, first community served, accounting period, and ID numb 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 CABLE SYSTEM: SYSTEM ID#												
ı	Southwestern Bell Tele	phone Comp	any		6309								
	SUM OF DSEs OF CATEGOR	RY "O" STATION	NS:										
	Add the DSEs of each station												
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.00								
	Instructions:												
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5												
	of space G (page 3).												
Computation	In the column headed "DSE"			as "1.0"; for	each network or noncom-								
of DSEs for	mercial educational station, given	e the DSE as "		IO. DOE-									
Category "O" Stations	CALL CION	DOE	CATEGORY "O" STATION		CALL CICN	DCE							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
Add rows as													
necessary.													
Remember to copy													
all formula into new													
rows.													
						***************************************							
						***************************************							
						•							
		[ "]											

Name	Southwestern Bell Telephone Company  63099									
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should correspond with the information given in space J. Calculate only one DSE for each station.  Computation of DSEs for Stations  Carried Part Time Due to Lack of Activated Channel  figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity		С	ATEGORY LAC	STATIONS:	COMPUTATI	ON OF DSEs				
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3. NI JRS 0 ED BY S	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	E		
						x				
						x				
			÷			x x	=			
			÷				=			
			÷	=		x	=			
			÷ ÷	=		x x	= =			
	Add the DSEs of e	F CATEGORY LAC S each station. here and in line 2 of pa		e,	▶	0.00				
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect controls.     Broadcast one space I).     Column 2: For at your option. This Column 3: Enterest Column 4: Divi	your system in substion October 19, 1976 (a or more live, nonnetwore each station give the singure should correster the number of days ide the figure in columns is the station's DSE of the station's DSE of the october the station's DSE of the station's DSE of the october the	itution for a program as shown by the lett ork programs during number of live, non spond with the inform in the calendar year in 2 by the figure in (For more informatic	that your system or "P" in column 7 that optional carrist metwork programs nation in space I. r: 365, except in a column 3, and given on rounding, se	was permitted to of space I); and age (as shown by a carried in substance the result in company of the page (viii) of the page	the word "Yes" in column titution for programs that plumn 4. Round to no les the general instructions in	2 of were deleted s than the third	rm).		
	1	SUI	BSTITUTE-BAS	<u>IS STATIONS</u>	S: COMPUTA	PUTATION OF DSEs				
	SIGN	. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		÷				-		=		
		÷				-		=		
		÷		=		=		=		
		÷		=		-		= <u> </u>		
	Add the DSEs of e	SUBSTITUTE-BASI each station. here and in line 3 of page		3,		0.00				
5 Total Number of DSEs	number of DSEs ap	OF DSEs: Give the amophicable to your system SEs from part 2 ● SEs from part 3 ●		in parts 2, 3, and	4 of this schedule	e and add them to provide	0.00 0.00			
	3. Number of DS	SEs from part 4 ●				<b>-</b>	0.00			
	TOTAL NUMBER C	DF DSEs						0.00		

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

LEGAL NAME OF C			ny				S	YSTEM ID# 63099	Name
Instructions: Bloc In block A: • If your answer if schedule.			part 6 and part	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
If your answer if "No," complete blocks B and C below.									Commutation of
l- 4bbl4				ELEVISION M			F00 miles and m		Computation of 3.75 Fee
effect on June 24,  Yes—Com	Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?  Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7  X No—Complete blocks B and C below.								
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules instructions for the	and regulatione DSE Sche	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Satellite Television Extension and Localism Act of 2010.)  Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]  B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)  C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)  D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).  E Carried pursuant to individual waiver of FCC rules (76.7)  *F A station previously carried on a part-time or substitute basis prior to June 25, 198'  G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)  M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
·····								<b></b>	
		<u> </u>							
								0.00	
		В	LOCK C: CO	MPUTATION OF	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.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter si	um here				X		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	: 3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

	E OF OWNER OF CABLE stern Bell Telephor		ny				S,	4STEM ID# 63099	Name
1. CAL	L 2. PERMITTED		A: TELEVIS	SION MARKETS 2. PERMITTED	S (CONTIN 3. DSE	UED) 1. CALL	2. PERMITTED	3. DSE	6
SIGN			SIGN	BASIS		SIGN	BASIS		Commutation of
									Computation of 3.75 Fee
····					•				
<mark></mark>									
					<b></b>				
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••••									
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	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:								S	YSTEM ID:	#
Name	Southwestern I	Bell Teleph	one Com	pany								63099	9
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 (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections												
		PERMITT	ED DSE FO	OR STA	TIONS CARRI	ED	ON	A PART-TIME AN	ND SUBSTI	TUTE BASIS			
	1. CALL	2. PRIC			OUNTING			. BASIS OF		RESENT	6. P	ERMITTED	_
	SIGN	DSE		PE	RIOD		C	CARRIAGE	[	OSE		DSE	
													••••
													••••
									<b></b>			•••••	
									<b></b>				
													••••
													••••
									<b></b>				••••
									<b></b>				••••
									<b></b>				
<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 d	of the DSE sched	ule.				
Syndicated			I	BLOCK	( A: MAJOR	TE	ELE	VISION MARK	EΤ				
Exclusivity													
Surcharge	Is any portion of the or	cable system v	vithin a top 1	100 majo	r television ma	rket	t as d	lefned by section 7	76.5 of FCC	rules in effect J	une 24,	1981?	
	Yes—Complete	blocks B and	IC.				X	No—Proceed to	part 8				
									•				
	BLOCK B. C	arriage of VHI	E/Grade B (	Contour	Stations			RI OCI	C. Compi	tation of Exem	nt DSE	•	
						_					•		_
	Is any station listed in commercial VHF stati or in part, over the ca	on that places	•	•			nity s	any station listed served by the cab rmer FCC rule 76	ole system p				
	Yes—List each s	tation below wi	th its appropi	riate pern	nitted DSE			Yes—List each st	tation below	with its appropri	ate permi	tted DSE	
	X No—Enter zero a	and proceed to	part 8.				X	No—Enter zero a	ind proceed t	o part 8.			
	CALL SIGN	DSE	CALL S	IGN	DSE			CALL SIGN	DSE	CALL SIG	SN	DSE	ı
													ı İ
													, !
													,
													,
													,
			TOTAL [	DSEs	0.00				-	TOTAL DS	SEs	0.00	l
			•			١.							

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Southwestern Bell Telephone Company	SYSTEM ID# 63099	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	5,025,927.47	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	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	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00399 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 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 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET	,	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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#
Name	;	Southwestern Bell Telephone Company	63099
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge	
8	You m 6 was	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 checked "Yes," use the total number of DSEs from part 5.  book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	oart
Computation		ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of		ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow
Base Rate Fee	blank What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "located outside that area."	
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule.  X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1		
	'	Enter the amount of gross receipts from space K (page 7)	<u>.47</u>
	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,"	
			0.00
	Section		
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts  (the amount in section 1)	<u>-</u>
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶ _ \$ 35,231.75	
		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	<u>-</u>
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	<u> </u>
	1		· <del></del>

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
South	western Bell Telephone Company	63099	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	in the light of the codion 2 to more than 4,000, compare your bace had not also drie to account of blank.		8
	A. Enter 0.01064 of gross receipts		0
	(the amount in section 1) <b>\$</b>	_	
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here <b>&gt;</b>		
	D. Enter 0.00330 of gross receipts (the amount in section 1)  ▶ \$		
	(the amount in section 1)		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here <b>\$</b>		
	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	•	
Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	ม iine-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	avantage of this	of Base Rate Fee
Firet: [	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	n the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine	the number of	Syndicated Exclusivity
	ind 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.	each group.	Surcharge
-	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p	nart 7 vou must	for Partially
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be		Distant
-	cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant state.	tion you	Permitted
	rol each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	lion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant.	Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.	at a cable	
<b>Compu</b> groups	tting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	tem's subscriber	
	section:		
	y the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in f this schedule; or,	n parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	olock B,	
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the	preceding	
page. DSEs f	n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	at is, the total	

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63099 **Southwestern 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.

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP COMMUNITY/AREA  O COMMUNITY/AREA  O COMMUNITY/AREA  O COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP COMMUNITY/AREA  O	LEGAL NAME OF OWN			, <u> </u>			S	YSTEM ID#	Name
SECOND SUBSCRIBER GROUP	Southwestern Be	ıı retepho	one Company					63099	
COMMUNITY/ AREA	В				TE FEES FOR EAC				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group \$ 0.00 COMMUNITY/ AREA		FIRST	SUBSCRIBER GROU				SUBSCRIBER GRO		a
CALL SIGN   DSE   CALL SIGN	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN	CALL SICN	DOE	CALLSION	Dec	CALL SICN	Dec	II CALL SICN	DOE	
and Syndicated Exclusivity Surcharge for Partially Surcharge for Partially Distant Stations  Fotal DSEs 0.00   Total DSEs 0.00   Gross Receipts First Group   S 0.00   Sase Rate Fee First Group   S 0.00   Sase Rate Fee Second Group   S 0.00   Sase Rate Fee Second Group   S 0.00   Sase Rate Fee First Group   S 0.00   Sase Rate Fee Second Group   S 0.00   Sase Rate Fee Forth Group   S 0.00   Sase Rate Fee Second Group   S 0.00   Sase Rate Fee Forth Group   S 0.00   Sase Rate Fee Tord	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<del> </del>		<b>†</b>	-		+		
									Syndicated
fortal DSEs  O.00 State Rate Fee First Group  THIRD SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIG									
Partially Distant Stations  Total DSEs			-						Surcharge
Sase Rate Fee First Group \$ 0.00   Total DSEs   0.00   Total DSEs			_						
Stations  Statio			_	<b></b>					
Total DSEs  Gross Receipts First Group \$ 0.00  THIRD SUBSCRIBER GROUP  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  Gross Receipts Third Group \$ 0.00  Total DSEs  Gross Receipts Fourth Group \$ 0.00  Total DSEs  Gross Receipts Forth Group \$ 0.00  THIRD SUBSCRIBER GROUP  FOURTH SUBSCRIBER GROUP  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  Gross Receipts Third Group \$ 0.00  Total DSEs  Gross Receipts Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00		<del></del>	=	<b></b>				····	
Gross Receipts First Group  South Subscriber Group  South Subscriber Group  South Subscriber Group  THIRD Subscriber Group  COMMUNITY/ AREA  O  CALL SIGN  DSE	<del></del>	_	<b>†</b>				····	Stations	
Gross Receipts First Group  South Subscriber Group  South Subscriber Group  South Subscriber Group  THIRD Subscriber Group  COMMUNITY/ AREA  O  CALL SIGN  DSE	···		<b>†</b>		•••••		••••		
Gross Receipts First Group  South Subscriber Group  South Subscriber Group  South Subscriber Group  THIRD Subscriber Group  COMMUNITY/ AREA  O  CALL SIGN  DSE			<u> </u>						
Gross Receipts First Group  South Subscriber Group  South Subscriber Group  South Subscriber Group  THIRD Subscriber Group  COMMUNITY/ AREA  O  CALL SIGN  DSE			<u> </u>						
Gross Receipts First Group  South Subscriber Group  South Subscriber Group  South Subscriber Group  THIRD Subscriber Group  COMMUNITY/ AREA  O  CALL SIGN  DSE									
Gross Receipts First Group  South Subscriber Group  South Subscriber Group  South Subscriber Group  THIRD Subscriber Group  COMMUNITY/ AREA  O  CALL SIGN  DSE									
Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL	Gross Receipts First G	Group	\$ 5,025	,927.47	Gross Receipts Sec	ond Group	\$	0.00	
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA   O  CALL SIGN  DSE  C									
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA   O  CALL SIGN  DSE  C	Rase Rate Fee First G	Group	¢	0.00	Rase Rate Fee Sec	ond Group	•	0.00	
COMMUNITY/ AREA  O CALL SIGN  D SE  CALL	Dusc Nate I ce I list e	лоир	Ψ	0.00	Buse rate ree	опа Огоар	<u> </u>	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN		THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
Total DSEs O.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
Total DSEs O.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00	CALL CICAL	DOE	I CALL CICAL	DOE	CALL CICAL	DOE	TI CALL SIGN	DOE	
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00				<b></b>					
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00		<del></del>		<b>†</b>					
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00				ļ					
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00			_						
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00		<u></u>	-						
Gross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00		<u></u>				·····			
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Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Page Date For Third	Group	•	0.00	Page Pote Fee Fee	rth Crous		0.00	
	Dase Rate Fee Inifd (	310up	Ф	0.00	pase Kate Fee Fou	iui Group	<b>\$</b>	0.00	
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SYSTEM ID# 63099 Nam					LEGAL NAME OF OWNE Southwestern Bel			
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### Nonpermitted 3.75 Stations

Southwestern E	beii Teleph	one Company					63099	Name
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	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GRO	UP	
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otal DSEs	•		0.00	Total DSEs			0.00	
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			scriber group	as shown in the boxe	es above.	¢	0.00	
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LEGAL NAME OF OWNE Southwestern Bel						S	YSTEM ID# 63099	Name
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Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Total DSEs				Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
5	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GROU	UP	
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Total DSEs			0.00	Total DSEs			0.00	
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					-			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
ase Rate Fee: Add th			criber group	as shown in the boxes	above.	\$		

ACCOUNTING PERIOD: 2018/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Southwestern Bell Telephone Company 63099 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

ACCOUNTING PERIOD: 2018/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Southwestern Bell Telephone Company 63099 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