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					
8/21/2018	\$ 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 STAT	EMENT:		
Accounting Period	2018/1			
B	Instructions: Give the full legal name of the owner of the cable system. If rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conduct of these were different owners during the accounting period, a single statement of account and royalty fee payment covering to Check here if this is the system's first filing. If not, enter the LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SERVICE ELECTRIC CABLEVISION, INC.	cts the business of the cable systemly the owner on the last day of the entire accounting period e system's ID number assigned b	em the accounting period should s	6553
				655320181
				6553 2018/1
	4949 LIBERTY LANE, SUITE 400 ALLENTOWN, PA 18106			
С	INSTRUCTIONS: In line 1, give any business or trade nam			
	names already appear in space B. In line 2, give the mailing	g address of the system, if diffe	erent from the address give	n in space B.
System	1 SUNBURY, PA			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page	1b. Identify only the frst comm	nunity served below and rel	ist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	Sunbury	PA		
Community	Below is a sample for reporting communities if you report	multiple channel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
-	Alliance	MD	В	2
	Gering	MD	В	3

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal 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: 6553 SERVICE ELECTRIC CABLEVISION, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

STATE CH LINE UP SUB GRP#	CITY OR TOWN
PA AA 1	Sunbury
PA AA 2	Beaver Twp.
PA AA 2	Beavertown Borough
PA AC 4	Bloomsburg
PA AD 9	Buffalo Twp.
PA AC 4	Catawissa Borough
PA AC 4	Catawissa Twp.
PA AA 1	Centre Twp.
PA AC 3	Cleveland Twp.
PA AB 7	Coal Twp.
PA AB 7	Conyngham
PA AD 9	Cooper Twp.
PA AD 9	Danville Borough
PA AD 9	Delaware Twp.
PA AD 9	Derry Twp.
PA AD 9	East Buffalo Twp.
PA AB 7	E. Cameron Twp.
PA AD 9	E. Chillisquaque Twp.
PA AE 5	Franklin Twp. (Columbia)
PA AA 1	Franklin Twp. (Snyder)
PA AA 1	 Freeburg Borough
PA AD 10	 Gregg Twp.
PA AC 4	 Hemlock Twp.
PA AA 1	 Herndon
PA AA 1	 Jackson Twp. (Northumberland)
PA AA 1	 Jackson Twp. (Snyder)
PA AA 1	Jordan Twp.
PA AD 9	Kolly Two
PA AB 7	Kulnmont Rorough
PA AD 9	Kelly Twp. Kulpmont Borough Lewis Twp.
PA AD 9	Lewisburg Borough
PA AD 9	Liberty Twp.
PA AA 1	Limestone Twp. (Union Co.)
PA AD 9	Limestone Twp. (Montour Co.)
PA AA 1	Little Mahanoy Twp.
PA AC 3	Locust Twp.
PA AB 7	Lower Augusta
	Lower Mahanoy Twp.
	 Mahoning Twp.
PA AC 4	 Main Twp.
PA AB / / PA AD 10	
PA AB AD	Marian Heights Borough McEwensville Borough

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

Middleburg	PA	AA	1
Middlecreek Twp.	PA	AA	1
Milton Borough	PA	AD	9
Monroe Twp.	PA	AA	1
Montour Twp.	PA	AF	6
Mt. Carmel Borough	PA	AB	7
Mt. Carmel Twp.	PA	AB	7
Mt. Pleasant Twp.	PA	AC	4
N. Centre Twp.	PA	AC	4
New Berlin Borough	PA	AA	1
Northumberland Borough	PA	AA	1
Orange Twp.	PA	AC	4
Penn Twp.	PA	AA	1
Point Twp.	PA	AG	. 1
Ralpho Twp.	PA	AB	8 7
Riverside Borough	PA	AD	9
	PA	AC	3
Roaring Creek Twp. Rockfeller Twp.	PA	AC AA	1 1
S. Centre Twp.	PA	AA AC	4
			. 4
Scott Twp. Selinsgrove Borough Shamokin City	PA PA	AC	4
Selinsgrove Borougn	PA PA	AA	7
Snamokin City		AB	
Shamokin Dam Borough	PA	AA	1 7
Shamokin Twp.	PA	AB	7
Snydertown Borough	PA	AB	7
Spring	PA	AA	2
Spring Turbot Twp.	PA	AD	9
Furbotville Borough	PA	AD	10
Upper Augusta Twp.	PA	AA	1
Jpper Mahanoy Twp.	PA	AA	1
Upper Mahanoy Twp. Union Twp. Valley Twp.	PA	AG	8 9
Valley Twp.	PA	AD	9
w. Cameron Twp.	PA PA PA	AB	7
W Chillisquaque Twn	PA	AD	9
Washington Twp. (Northumberland)	PA	AA	1
Washington Twp. (Snyder)	I PA I	AA	1
Washingtonville Borough	PA	AD	10
Watsontown Borough	PA	AD	10
West Hemlock Twp.	PA	AD	9
White Deer Twp.	PA	AD	9
Zerbe Twp.	PA	AA	1
Rush Twp.	PA	AD	9
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			<u> </u>
			•

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
SERVICE ELECTRIC CABLEVISION, INC.
SYSTEM ID#

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	SUBSCRIBERS		NAIL	H	CATEGORY OF SERVICE	SUBSCRIBERS	NAIL
Service to first set	34,229	\$	19.95				
Service to additional set(s)	69,816		-				
 FM radio (if separate rate) 		<u> </u>					
Motel, hotel	29	\$	530.42				
Commercial	79	\$	1,337.91				
Converter							
 Residential 	40,497	\$	4.95				
 Non-residential 							
							1

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE R				CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$ 17.95	Motel, hotel	L		
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	\$35/\$61	Burglar protection			
Additional set(s)	\$17/\$26	Other services:			
 FM radio (if separate rate) 		Reconnect	\$ 35.00		
Converter	\$ 35.00	Disconnect			
		Outlet relocation	\$ 43.00		
		Move to new address	\$35/\$43		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WYOU** 22 Ν NO SCRANTON, PA (CBS) WILKES BARRE, PA (NBC) **WBRE** NO 28 Ν See instructions for additional information on alphabetization. WITF 33 Ε NO HARRISBURG, PA (PBS) **WNEP** Ν NO 16 SCRANTON, PA (ABC) WNEP-2 NO 16.2 I-M SCRANTON, PA (Antenna) **WPIX** 11 ı YES 0 **NEW YORK, NY (CW) WQMY** 53 ı NO WILLIAMSPORT, PA (MyTV) NO WQPX 64 ı SCRANTON, PA (ION) **WSWB** 38 NO SCRANTON, PA (CW) ı WSWB-2 38.2 I-M NO SCRANTON, PA (MeTV) WSWB-3 38.3 I-M NO SCRANTON, PA (Comet) **WWOR** 9 Τ YES 0 **NEW YORK, NY (MyTV)** WOLF 56 NO I HAZLETON, PA (FOX) **WVIA** 44 Ε YES 0 SCRANTON, PA (PBS) WVIA-2 44.2 E-M YES 0 SCRANTON, PA (PBS Kids)

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	NEB OE CABLE O	/STEM:			SYSTEM ID#	
SERVICE ELEC			INC		6553	Name
PRIMARY TRANSMITT		·				
			ation (including	translator stations	and low power television stations)	
•		,	, ,		d only on a part-time basis under	G
•				•	ain network programs [sections	
76.59(d)(2) and (4), 76 substitute program ba				1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	Stations: With I	respect to any	distant stations	s carried by your c	able system on a substitute program	Television
basis under specifc F0 • Do not list the statior				ne Special Stateme	ent and Program Log)—if the	
station was carried	•					
basis. For further in	nformation cond				ute basis and also on some other fthe general instructions located	
in the paper SA3 for Column 1: List each		sign. Do not r	eport origination	n program services	s such as HBO, ESPN, etc. Identify	
each multicast stream	associated with	h a station ac	cording to its ov	er-the-air designat	tion. For example, report multi-	
cast stream as "WET <i>l</i> WETA-simulcast).	A-2". Simulcast	streams must	be reported in	column 1 (list each	n stream separately; for example	
,	e channel numl	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in	
•	•		annel 4 in Wash	nington, D.C. This	may be different from the channel	
on which your cable so Column 3: Indicate	•		tation is a netwo	ork station, an inde	pendent station, or a noncommercial	
		,	,,		ast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	,,		,,	•	ommercial educational multicast).	
					es". If not, enter "No". For an ex-	
planation of local serv					paper SA3 form. Stating the basis on which your	
•			•	•	tering "LAC" if your cable system	
carried the distant stat	•					
					payment because it is the subject stem or an association representing	
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the primar	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	to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizir				•	which the station is identifed.	
Note: If you are unizing	ng manpie enai		•	AA- PAGE 2	onamer inte up.	
	1		1			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
WVIA-3	44.3	E-M	YES	O	SCRANTON, PA (PBS Create)	
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)	
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (Grit TV)	
WYOU-2	22.2	I-M	NO		SCRANTON, PA (Escape)	
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Bounce)	
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)	
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (Justice)	
WSWB-4	38.4	I-M	NO		SCRANTON, PA (ASN)	
	†	·····			<u></u>	
						
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G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WYOU	22	N	NO		SCRANTON, PA (CBS)		
WBRE	28	N	NO		WILKES BARRE, PA (NBC)		
WPVI	6	N	YES	О	PHILADELPHIA, PA (ABC)		
WITF	33	E	NO		HARRISBURG, PA (PBS)		
WNEP	16	N	NO		SCRANTON, PA (ABC)		
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)		
WPIX	11	I	YES	0	NEW YORK, NY (CW)		
WQMY	53	ı	NO		WILLIAMSPORT, PA (MyTV)		
WQPX	64	ı	NO		SCRANTON, PA (ION)		
WSWB	38	ı	NO		SCRANTON, PA (CW)		
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)		
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)		
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)		
WOLF	56	I	NO		HAZLETON, PA (FOX)		
WVIA	44	E	NO		SCRANTON, PA (PBS)		
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)		

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB - PAGE 2 1. CALL 2. B'CAST 3 TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) WVIA-3 E-M NO SCRANTON, PA (PBS Create) 44.3 WBRE-2 28.2 I-M NO WILKES BARRE, PA (LAFF) WBRE-3 28.3 I-M NO **WILKES BARRE, PA (Grit TV)** 22.2 I-M NO WYOU-2 SCRANTON, PA (Escape) WYOU-3 NO SCRANTON, PA (Bounce) 22.3 I-M WYOU-4 22.4 I-M NO SCRANTON, PA (Cozi) WBRE-4 NO 28.4 I-M WILKES BARRE, PA (Justice) WSWB-4 SCRANTON, PA (ASN) 38.4 I-M NO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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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.

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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AC			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WYOU	22	N	NO		SCRANTON, PA (CBS)		
WBRE	28	N	NO		WILKES BARRE, PA (NBC)		
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)		
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)		
WITF	33	E	YES	0	HARRISBURG, PA (PBS)		
WNEP	16	N	NO		SCRANTON, PA (ABC)		
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)		
WPIX	11	ı	YES	0	NEW YORK, NY (CW)		
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)		
WQPX	64	I	NO		SCRANTON, PA (ION)		
WSWB	38	I	NO		SCRANTON, PA (CW)		
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)		
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)		
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)		
WOLF	56	I	NO		HAZLETON, PA (FOX)		
WVIA	44	E	NO		SCRANTON, PA (PBS)		
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)		

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC - PAGE 2 1. CALL 2. B'CAST 3 TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) WVIA-3 E-M NO SCRANTON, PA (PBS Create) 44.3 WBRE-2 28.2 I-M NO WILKES BARRE, PA (LAFF) WBRE-3 28.3 I-M NO **WILKES BARRE, PA (Grit TV)** 22.2 I-M NO WYOU-2 SCRANTON, PA (Escape) WYOU-3 NO SCRANTON, PA (Bounce) 22.3 I-M WYOU-4 22.4 I-M NO SCRANTON, PA (Cozi) WBRE-4 NO 28.4 I-M WILKES BARRE, PA (Justice) WSWB-4 SCRANTON, PA (ASN) 38.4 I-M NO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

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		CHANN	EL LINE-UP	AD			
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		
WYOU	22	N	NO		SCRANTON, PA (CBS)		
WBRE	28	N	NO		WILKES BARRE, PA (NBC)		
WITF	33	E	NO		HARRISBURG, PA (PBS)		
WNEP	16	N	NO		SCRANTON, PA (ABC)		
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)		
WPIX	11	l	YES	0	NEW YORK, NY (CW)		
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)		
WQPX	64	ı	NO		SCRANTON, PA (ION)		
WSWB	38	I	NO		SCRANTON, PA (CW)		
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)		
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)		
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)		
WOLF	56	I	NO		HAZLETON, PA (FOX)		
WVIA	44	E	NO		SCRANTON, PA (PBS)		
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)		

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD - PAGE 2 1. CALL 2. B'CAST 3 TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) WVIA-3 E-M NO SCRANTON, PA (PBS Create) 44.3 WBRE-2 28.2 I-M NO WILKES BARRE, PA (LAFF) WBRE-3 28.3 I-M NO **WILKES BARRE, PA (Grit TV)** 22.2 I-M NO WYOU-2 SCRANTON, PA (Escape) WYOU-3 NO SCRANTON, PA (Bounce) 22.3 I-M WYOU-4 22.4 I-M NO SCRANTON, PA (Cozi) WBRE-4 NO 28.4 I-M WILKES BARRE, PA (Justice) WSWB-4 SCRANTON, PA (ASN) 38.4 I-M NO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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		CHANN	EL LINE-UP	AE			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WBRE	28	N	NO		WILKES BARRE, PA (NBC)		
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)		
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)		
WITF	33	E	NO		HARRISBURG, PA (PBS)		
WNEP	16	N	NO		SCRANTON, PA (ABC)		
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)		
WPIX	11	I	YES	0	NEW YORK, NY (CW)		
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)		
WQPX	64	I	NO		SCRANTON, PA (ION)		
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WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)		
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WWOR	9	I	YES	0	NEW YORK, NY (MyTV)		
WYOU	22	N	NO		SCRANTON, PA (CBS)		
WOLF	56	I	NO		HAZLETON, PA (FOX)		
WVIΔ	44	F	NO		SCRANTON PA (PRS)		

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.	IED 05 0 5 5 5 5	(OTEM			CVCTEM ID#	
LEGAL NAME OF OWN			INC		SYSTEM ID# 6553	Name
SERVICE ELEC			INC.		6553	
PRIMARY TRANSMITTI						
					and low power television stations) d only on a part-time basis under	G
• •		-			ain network programs [sections	
					and (2) certain stations carried on a	Primary
substitute program bas				s carried by your o	able system on a substitute program	Transmitters:
basis under specifc FC				s carried by your c	able system on a substitute program	Television
 Do not list the station 	here in space	G—but do lis		ne Special Stateme	ent and Program Log)—if the	
station was carried	•		ation was carried	d hoth on a substit	ute basis and also on some other	
					f the general instructions located	
in the paper SA3 fo		D			a such as LIDO FORM at a lidewife.	
					s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
					n stream separately; for example	
WETA-simulcast).	o obonnol numb	or the ECC h	an anciened to	the television stati	on for broadcasting over the air in	
			•		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy	ystem carried th	ne station.			•	
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
	•	•	, ,		emmercial educational multicast).	
For the meaning of the	ese terms, see	page (v) of the	e general instru	ctions located in th	ne paper SA3 form.	
Column 4: If the st planation of local servi			•		es". If not, enter "No". For an ex-	
					stating the basis on which your	
•		•	٠.	•	tering "LAC" if your cable system	
carried the distant stat	•				capacity. payment because it is the subject	
					stem or an association representing	
•			•	• .	ry transmitter, enter the designa-	
					her basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing)		. ,		•	which the station is identifed.	
Note. II you are utilizii	ig mulipic chai			AE - PAGE 2	charmer inte-up.	
			I			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
WVIA-2	44.2	E-M	NO	(II Distant)	SCRANTON. PA (PBS Kids)	
WVIA-3	44.3		NO		SCRANTON, PA (PBS Create)	
		E-M				
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)	
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (Grit TV)	
WYOU-2	22.2	I-M	NO		SCRANTON, PA (Escape)	
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Bounce)	
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)	
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (Justice)	
WSWB-4	38.4	I-M	NO		SCRANTON, PA (ASN)	
	†	l			<u> </u>	
	+	l				
	_	<u> </u>			ļ	
						
	I	•				1

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AF - PAGE 1	
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
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WITF	33	Е	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	0	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WYOU	22	N	NO		SCRANTON, PA (CBS)
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)
WOI F	56	1	NO		HAZI ETON PA (EOX)

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations:

Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the

- station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

	CHANN	EL LINE-UP	AF - PAGE 2		
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
WVIA	44	E	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (Grit TV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (Escape)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Bounce)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (Justice)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (ASN)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AG	
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
WYOU	22	N	NO		SCRANTON, PA (CBS)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WITF	33	E	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	l	YES	0	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	E	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)

G

Primary Transmitters: Television

FORM SA3E. PAGE 3. LEGAL NAME OF OW	NER OF CARLES	/STEM·			SYSTEM ID#	
SERVICE ELE			INC.		6553	Name
PRIMARY TRANSMITT						
			ation (including	translator stations	and low power television stations)	_
					d only on a part-time basis under	G
•				•	ain network programs [sections	
			-	31(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary
substitute program ba Substitute Basis				s carried by your c	able system on a substitute program	Transmitter Television
pasis under specifc F					and cyclem and a continue program	10.0010.01
	•		t it in space I (th	ne Special Stateme	ent and Program Log)—if the	
station was carried	•		ation was carried	d hoth on a substit	ute basis and also on some other	
	•				f the general instructions located	
in the paper SA3 for						
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
			0	0	n stream separately; for example	
WETA-simulcast).			•	•		
					on for broadcasting over-the-air in	
ts community of licen on which your cable s	•		anner 4 in Wash	iington, D.C. This	may be different from the channel	
			ation is a netwo	ork station, an inde	pendent station, or a noncommercial	
		•		•	ast), "I" (for independent), "I-M"	
for independent mult for the meaning of th	,		, ,	•	ommercial educational multicast).	
					es". If not, enter "No". For an ex-	
lanation of local serv	vice area, see pa	age (v) of the	general instruct	tions located in the	paper SA3 form.	
•			•	•	stating the basis on which your	
cable system carried carried the distant sta		•	٠.	•	ering "LAC" if your cable system	
	•				payment because it is the subject	
-				•	stem or an association representing	
•			•	• .	ry transmitter, enter the designa- her basis, enter "O." For a further	
` ',			•	•	d in the paper SA3 form.	
				•	to which the station is licensed by the	
FCC. For Mexican or Note: If you are utilizi				•	which the station is identifed.	
Total in you are united	Ing mattple ona	•	•	•	·	
		CHANN	1	AG - PAGE 2		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
AD (1 A . O.	NUMBER	STATION	NO	(If Distant)	CODANTON DA (DDC Consta)	
NVIA-3	44.3	E-M	NO	<u>.</u>	SCRANTON, PA (PBS Create)	
WBRE-2	28.2	I-M	NO	<u>.</u>	WILKES BARRE, PA (LAFF)	
WBRE-3	28.3	I-M	NO	<u>.</u>	WILKES BARRE, PA (Grit TV)	
WYOU-2	22.2	I-M	NO		SCRANTON, PA (Escape)	
NYOU-3	22.3	I-M	NO		SCRANTON, PA (Bounce)	
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)	
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (Justice)	
WSWB-4	38.4	I-M	NO		SCRANTON, PA (ASN)	
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2018		
LEGAL NAME OF OWNER OF SERVICE ELECTRIC O						S	YSTEM ID#	Name		
		•					6553			
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG							
In General: In space I, ident substitute basis during the accuration of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or auth	orizations. I	or a further	∎ Substitute		
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 proadcast by a distant station? Yes XNo Note: If your answer is "Yes," you must complete the program										
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			e blank. If your answer is "	Yes," you mu	ist complete	the program	1	Program Lo		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	of every no distant stat gulations, o tion. Do no Lucy" or "NE m was broad sign of the sadcast static adian static and and and state "Example: a er "R" if the and regulation of gramming	nnetwork televition and that your authorizations to use general of the BA Basketball: deast live, enterestation broadca on's location (thous, if any, the when your system of program carried listed program ons in effect du	ision program (substitute pur cable system substitute pur cable system substitute s. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nating the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period.	d for the progeral instruction "basketball". o." n. station is licentation is identation is identation. station is identation is identation. 5 p.m. to 6:2 mming that year enter the letter	ramming of a ns located in List specific nsed by the F tiffied). numerals, w List the time 8:30 p.m. sho our system w ter "P" if the I	another stati the paper program FCC or, in tith the month s accurately build be vas required isted pro	th /			
		E PROGRAM			EN SUBSTIT		7. REASON FOR			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM —	MES	DELETION			
	1 00 01 110	07 ILL 01011		712 2711	_					
					_	-				
					_	-				
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						-				
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
SERVICE ELECTRIC CABLEVISION, INC.
SYSTEM ID#

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name						
SE	RVICE ELECTRIC CABLEVISION, INC.		6553	Nume						
Inst all a (as	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 age (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)									
IMP	during the accounting period. MPORTANT: You must complete a statement in space P concerning gross receipts. \$ 5,625,664.37 (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 ${\tt k}$ 8 below.	e entered o	on line 1 of							
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.	entered on	line 2 in block							
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be ente	ered 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.	e is 1.064 p	percent of the							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.									
	This is your minimum fee.	\$	59,857.07							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colui "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule. No—Leave block 3 below blank and continued the properties of th	mn 4, you n iod?	nust check							
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	106,236.65							
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00							
	Line 3. Add lines 1 and 2 and enter here	\$	106,236.65							
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	\$	106,236.65	Cable systems						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE	_\$	725.00	additional fees. Division for the						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	106,961.65	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page (i) of the							

NI	LEGAL NAME OF OWNER	OF CABLE S	YSTEM:	SYSTEM ID#						
Name	SERVICE ELECT	RIC CAB	LEVISION, INC.	6553						
	CHANNELS									
М	Instructions: You n	nust give	(1) the number of channels on which the cable system carried television broadcas	st stations						
1	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels										
			hannels on which the cable	25						
	system carried television broadcast stations									
	2. Enter the total nu	mber of a	ctivated channels							
	on which the cable	e system	carried television broadcast stations	85						
	and nonbroadcast	services		03						
N			CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual							
Individual to	we can contact abou	ut this sta	tement of account.)							
Be Contacted										
for Further	Name Robert	M. Wie	Pand Telephone	610-432-2210						
Information										
	Address 4949 L	iberty l	_ane, Suite 400 oute, apartment, or suite number)							
	(Number, si	treet, rural r	oute, apartment, or suite number)							
	Allento (City, town,		\ 18106							
	(City, town,	state, zip)								
	Email	robert	.wieand@secv.com Fax (optional)							
	CERTIFICATION (Th	is statem	ent of account must be certifed and signed in accordance with Copyright Office re	gulations.						
0	,			5						
Certifcation	• I, the undersigned, h	nereby ce	tify that (Check one, but only one, of the boxes.)							
	(Owner other tha	n corpor	ation or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or						
			n corporation or partnership) I am the duly authorized agent of the owner of the cab that the owner is not a corporation or partnership; or	le system as identified						
	_									
	(Officer or partn in line 1 of spa		n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	owner of the cable system						
	in line i or spe	acc D.								
			nt of account and hereby declare under penalty of law that all statements of fact contain to the best of my knowledge, information, and belief, and are made in good faith.	ned herein						
	[18 U.S.C., Section 1									
		X	/s/ Mark D. Walter							
		Enter ar	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 curso							
		"F2" but	on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot.	is compatibility settings.						
	Typed or printed name: Mark D. Walter									
,		Title:	Senior Vice President							
,		mo.	(Title of official position held in corporation or partnership)							
,										
		Date:	August 21, 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					
SERVICE ELECTRIC CABLEVISION, INC.	6553	Name					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?							
X NO							
YES. Enter the total here and list the satellite carrier(s) below							
Name Mailing Address Mailing Address Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.							
Line 1 Enter the amount of late payment or underpayment		Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-						
Line 3 Multiply line 2 by the number of days late and enter the sum here	days						
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 www.copyright.gov/licensing/interest-rate.pdf . For further contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	r assistance please						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copplease list below the owner, address, first community served, accounting period, and ID number as filling.	_						
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 anc "P" in column 7 of space I.)

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
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:							
ı	SERVICE ELECTRIC CA			6553				
	SUM OF DSEs OF CATEGOR							
	 Add the DSEs of each station 							
	Enter the sum here and in line	1 of part 5 of this	s schedule.		3.50			
	Instructions:							
2	In the column headed "Call S	Sign": list the cal	I signs of all distant stations	s identified by the	e letter "O" in column 5			
Computation	of space G (page 3). In the column headed "DSE"	: for each indepe	endent station, give the DSF	as "1.0": for ea	ach network or noncom-			
of DSEs for	mercial educational station, give			_ 40,				
Category "O"		NS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	WPIX	1.000						
	WWOR	1.000						
	WVIA	0.250						
	WPVI	0.250						
Add rows as	WCAU	0.250						
necessary.	WITF	0.250						
Remember to copy	WVIA-2	0.250						
all formula into new	WVIA-3	0.250						
rows.				·				
				· · · · · · · · · · · · · · · · · · ·				
				·				
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				·				
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				·				
				·				
				·				

Name		OWNER OF CABLE SYSTEM: LECTRIC CABLEVISI	ON, INC.				S	SYSTEM ID# 6553
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista 2: For each station, give t correspond with the infor 3: For each station, give t 4: Divide the figure in colu 4: at least to the third decir 5: For each independent s value as ".25." 6: Multiply the figure in co- point. This is the station's	he number of h mation given in he total number umn 2 by the fig nal point. This i station, give the lumn 4 by the f	ours your cable systems space J. Calculate or or of hours that the statement of the column 3, and sist the "basis of carriage "type-value" as "1.0."	m carried the sta nly one DSE for ion broadcast or give the result in e value" for the ' For each netwo	ation during the accountir each station. ver the air during the acc decimals in column 4. T station. ork or noncommercial edu	ounting period. his figure must ucational station,	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAC VALUE	F 5. TYPE		SE
			÷		= <u> </u>	<u>x</u>	=	
						x x		
			÷	:	=	x		
			÷		=	x	=	
							<u>=</u>	
			÷	:	=	<u>x</u>	=	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of p		nedule,		0.00)	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations are space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each start by your system in substant on October 19, 1976 (one or more live, nonnetwork). For each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a pro as shown by th ork programs du number of live spond with the i s in the calenda in 2 by the figur (For more infor	gram that your systen to letter "P" in column uring that optional carr, nonnetwork program information in space I ar year: 365, except in re in column 3, and gimation on rounding, s	n was permitted 7 of space I); an iage (as shown by s carried in subs a leap year. ve the result in c ee page (viii) of	to delete under FCC rule d y the word "Yes" in column stitution for programs that column 4. Round to no let the general instructions i	2 of t were deleted es than the third	orm).
	1			BASIS STATION			T	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷ -	=
		÷		=			÷	=
		÷		=			÷	=
		÷		=			÷ -	
	Add the DSEs	of SUBSTITUTE-BAS of each station. Im here and in line 3 of p				0.00	<u>, </u>	-
5		ER OF DSEs: Give the am sapplicable to your system		poxes in parts 2, 3, and	4 of this schedul	le and add them to provide	the tota	
Total Number	1. Number o	f DSEs from part 2 ●				•	3.50	
of DSEs		f DSEs from part 3 ●				<u> </u>	0.00	
	3. Number o	f DSEs from part 4 ●				>	0.00	
	TOTAL NUMBE	R OF DSEs				,	•	3.50

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

SERVICE ELE			NC.				S'	YSTEM ID# 6553	Name
schedule.	"Yes," leave the re	emainder of	•	t 7 of the DSE sche	edule blank an	d complete pa	art 8, (page 16) of	f the	6
If your answer if	"No," complete blo			TELEVISION M	VDKET6				Computation of
effect on June 24, Yes—Com	, 1981?	outside of all	major and sma	TELEVISION M. aller markets as de	fined under se			gulations in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	of distant si and regulati ne DSE Sche	tations listed in ons prior to Ju edule. (Note: T	n part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r	f this schedule urther explana	that your sys	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt. A Stations carri- 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfathered instructions fc E Carried pursus *F A station pre	ales and regued pursuant on as define al education distation (76. or DSE schee ant to individuously carrium of the station of	ulations cited b to the FCC ma d in 76.5(kk) (al station [76.5 65) (see paradule). ual waiver of fed on a part-tiivithin grade-B	ne or substitute ba contour, [76.59(d)(se in effect on 6.57, 76.59(b) e)(1), 76.63(a) 63(a) referring bstitution of gr	June 24, 198, 76.61(b)(c), referring to 7 to 76.61(d) andfathered s	76.63(a) referring 6.61(e)(1 stations in the		
Column 3:		e stations ide	entified by the	n parts 2, 3, and 4 letter "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	
WWOR	D	1.00	WVIA-2	M	0.25	SIGN	BAGIO		-
WPIX	D	1.00	WVIA-3	M	0.25		†		
WITF	C	0.25		·			 		
WPVI	D	0.25			·····		 		
WCAU	D	0.25					†		
WVIA	c	0.25					-		
								3.50	
		Е	SLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove					
				er of DSEs subject t 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	line 4 by 0.0375	and enter s	um here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3						If yes, see part 9 instructions.
Line 7: Multiply I	line 6 by line 5 ar	nd enter he	re and on line	e 2, block 3, spac	e L (page 7)			0.00	

	F OWNER OF CABLE LECTRIC CABLE		NC.					4STEM ID# 6553	Name
		BLOCK	A: TELEVIS	ION MARKETS	S (CONTIN	UED)	1		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
								••••••	
								•••••	
								•••••	
								•••••	
		•••••						••••••	
								•••••	
								•••••	
		•••••			• • • • • • • • • • • • • • • • • • • •			•••••	
								•••••	
					•••••			••••••	
									
									
			·			·	······	•	

Name	SERVICE ELEC			· ·						6553	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried price Column 1: List the column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FC A—Part-time spin 76.59(B—Late-night price 76.61(S—Substitute case general Column 5: Indicate Column 6: Compare in block	or to June 25, call sign for ea the DSE for the DSE for the accounting the basis of care call programming: (d)(1),76.61(e) rogramming: (e)(3)). Carriage under all instructions the station's Eather DSE figures. B, column 3 coinformation you are significant to the DSE figures.	1981, under forme ach distant station nis station for a sin g period and year arriage on which the regulations cited b mming: Carriage, c)(1), or 76.63 (refe Carriage under FC certain FCC rules, in the paper SA3 OSE for the curren ures listed in colum of part 6 for this state ou give in columns	er FCC rules govidentifed by the origle accounting in which the car he station was celelow pertain to the on a part-time bearing to 76.61(e) C rules, sections regulations, or form. t accounting per nons 2 and 5 and ation. 2, 3, and 4 musting the properties of the counting per nons 2, and 4 musting the counting per nons 2, and 4 musting the counting per nons 2, 3, and 4 musting per nons 2, 3, and 4 musting the counting per nons 2, 3, and 4 musting per nons 2, 3, and 4 musting per nons 2, 3, and 4 musting per nons 2 and 5 and 4 musting per nons 2 and 4 an	/er let perial ari tho asi asi au io lis	entifed by the letter "F" ining part-time and sub ter "F" in column 2 of priod, occurring between ge and DSE occurred ried by listing one of the se in effect on June 24 is, of specialty program (b). 76.59(d)(3), 76.61(e)(3) thorizations. For further das computed in parts at the smaller of the two see accurate and is subjected.	stitute carri part 6 of the n January 1 (e.g., 1981) e following 4, 1981. nming unde n, or 76.63 (or explanation 2, 3, and 4 of figures he	age. DSE schedule, 1978 and Jun 1) letters r FCC rules, se referring to on, see page (v of this schedule, This figure	ene 30, 19 ections vi) of the alle should be	981 De entere	
		PERMITT	ED DSE FOR STA	ATIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	PERMITTED	_
	SIGN	DSE	Р	PERIOD		CARRIAGE	ו	DSE		DSE	_
					••••						
											•
					••••						••••
									• • • • • • • • • • • • • • • • • • • •		
7	Instructions: Block A	\ must be com	pleted.								
Computation	In block A: If your answer is	"Yes " comple	ete blocks B and C	below							
of the					pa	art 8 of the DSE sched	ule.				
Syndicated			BLOC	K A: MAJOR	TI	ELEVISION MARK	ET				
Exclusivity											
Surcharge	l <u></u> ' '	-	-	or television mar	ke	t as defned by section 7		rules in effect J	une 24,	1981?	
	X Yes—Complete	blocks B and	C.			No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VHF	-/Grade B Contoui	r Stations		BLOC	(C: Compu	tation of Exem	npt DSE	s	
	Is any station listed in	block B of pa	art 6 the primary st	ream of a		Was any station listed	in block B	of part 7 carrie	ed in anv	commu-	
	commercial VHF stati	ion that places				nity served by the cab to former FCC rule 76	le system p				
	l'	•	th its appropriate per	rmitted DSE		Yes—List each st	•	with its appropri	ate perm	itted DSE	
	X No—Enter zero a					X No—Enter zero a					
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	2NI	DSE	ı
	CALL SIGN	DSE	CALL SIGN	DOE		CALL SIGN	DSE	CALL SIG	IN	DOE	
		ļ		<u></u>						·····	l
										 	l
											l
											l
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC.	SYSTEM ID# 6553	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	5,625,664.37	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	F	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	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 0.00377 of gross receipts (the amount in section 1)	_	
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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)	E	
	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	;	SERVICE ELECTRIC CABLEVISION, INC.	6553
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1).	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here ▶ \$	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	<u></u> .
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	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 perchecked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers potentially distant station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	low
		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?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	0.00

	AME OF OWNER OF CABLE SYSTEM: ICE ELECTRIC CABLEVISION, INC.	SYSTEM ID# 6553	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	A. Enter 0.01064 of gross receipts (the amount in section 1) **Section 1.** **Enter 0.01064 of gross receipts** **The proof of the		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here	_	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
ı	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here >		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe		9
In Gen receipt exclusi First: I station DSEs a Finally NOTE:	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate feels from subscribers located within the station's local service area, from your system's total gross receipts. To take acon, you must: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and 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. If any portion of your cable system is located within the top 100 television market and the station is not exempt in particular to the station in the station is not exempt in particular to the station in the station is not exempt in particular to the station is not exempt in particular to th	o the same the number of each group.	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially
if your How to Step 1	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only. 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 to that community.		Distant Stations, and for Partially Permitted Stations
Step 2 outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loger 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.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note th will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compi groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each	section:		
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	l of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in	n parts 2, 3,	
2) any	of this schedule; or, 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,	
•	o of this scriedule. The 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 i	nstructions	
• Comp	epaper SA3 form. Bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the		

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

DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your

actual calculations on the form.

DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6553 SERVICE ELECTRIC CABLEVISION, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

EGAL NAME OF OWNE						s	SYSTEM ID# 6553	Name
В	LOCK A: 0	COMPUTATION O	F BASE RA	TE FEES FOR EA	CH SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA		oup 1		COMMUNITY/ ARE	A Sub Gro	up 2		9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWOR	1.00			WWOR	1.00			Base Rate
VPIX	1.00			WPIX	1.00			and
				WVIA	0.25			Syndicat
			•••••••••••	WVIA-2	0.25			Exclusiv
				WVIA-3	0.25		·····	Surchar
	···				0.20		·····	for
	···				·····			Partiall
	···				·····		·····	Distan
	···				·····	-	·····	
	····				·····	-		Station
							<u></u>	
							<u> </u>	
	<u></u>							
otal DSEs			2.00	Total DSEs			2.75	
Bross Receipts First G	Group	\$ 1,559	9,247.57	Gross Receipts Se	cond Group	\$	61,610.45	
Base Rate Fee First G	•	\$ 27	7,520.72 UP	Base Rate Fee Se		\$ SUBSCRIBER GRO	1,411.34	
COMMUNITY/ AREA	Sub Gro	oup 3		COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WWOR	1.00			WWOR	1.00			
VPIX	1.00			WPIX	1.00			
VPVI	0.25			WITF	0.25			
VCAU	0.25		•••••••••••••••••••••••••••••••••••••••	WPVI	0.25	-		
	···········			WCAU	0.25	-		
	···		····		·····	-	·····	
	····		····		·····		·····	
	···				·····		·····	
					·····	-	<u></u>	
							<u></u>	
otal DSEs			2.50	Total DSEs			2.75	
Gross Receipts Third (Group	\$ 60	0,497.96	Gross Receipts For	urth Group	\$ 7	42,915.47	
Base Rate Fee Third (Group	\$	1,279.83	Base Rate Fee For	urth Group	\$	17,018.34	
Fee: Add th								

LEGAL NAME OF OWNI SERVICE ELECTE						S	6553 6553	Name
В	LOCK A: C	COMPUTATION O	F BASE RA	ATE FEES FOR EA	CH SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA	Sub Gro	oup 5		COMMUNITY/ AR	EA Sub Gro	up 6		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWOR	1.00			WWOR	1.00			Base Rate Fe
WPIX	1.00			WPIX	1.00			and
WPVI	0.25	-		WPVI	0.25			Syndicated
WCAU	0.25			WCAU	0.25			Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs	•		2.50	Total DSEs	•		2.50	
Gross Receipts First G	Group	s 10	0,488.90	Gross Receipts Se	cond Group	\$	35,012.79	
			,					
Base Rate Fee First G	Group	\$	221.89	Base Rate Fee Se	cond Group	\$	740.70	
	SEVENTH	SUBSCRIBER GRO	DUP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Sub Gro	oup 7		COMMUNITY/ AR	EA Sub Gro	up 8		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WWOR	1.00			WWOR	1.00			
WPIX	1.00			WPIX	1.00			
WPVI	0.25							
	<u> </u>							
	Ī							
Total DSEs			2.25	Total DSEs			2.00	
Gross Receipts Third	Group	\$ 1,33	6,578.15	Gross Receipts Fo	urth Group	ş <u>1</u>	90,276.06	
Base Rate Fee Third (Group	\$ 29	5,932.96	Base Rate Fee Fo	urth Group	\$	3,358.37	
Base Rate Fee: Add to	he hase rat	e fees for each subs	scriber grour	as shown in the hove	res above			
Enter here and in block			onoer group	, as shown in the DUA	above.	\$		

Name	6553							
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: C	Bl
0	JP	SUBSCRIBER GROU	TENTH S		JP	SUBSCRIBER GROU	NINTH	
9 Computat		up 10		COMMUNITY/ AREA		oup 9		COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate			1.00	WWOR			1.00	WWOR
and			1.00	WPIX			1.00	WPIX
Syndicat		-				-		
Exclusiv								
Surchar								
for	<u></u>		·····					
Partially							. <mark>.</mark>	
Distant							. <mark>.</mark>	
Stations	····		·····			-		
	····		<u> </u>				<u> </u>	
	····							
	•••••		.				<u>.</u>	
							··	
							··	
	2.00		 	Total DSEs	2.00		·	Fotal DSEs
		•				4.500		
				I Cross Descipto Coss	,845.15	\$ 1,536,	roup	Gross Receipts First G
	92,191.87	\$	d Group	Gross Receipts Seco			. очр	
	1,627.19	\$		Base Rate Fee Seco	,125.32			
	1,627.19		d Group		•		roup	Base Rate Fee First G
	1,627.19	\$	d Group		•	\$ 27,	roup	Base Rate Fee First G
	1,627.19	\$	d Group	Base Rate Fee Secon	JP	\$ 27,	roup	Base Rate Fee First G
	1,627.19 JP 0	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP 0	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP 0	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP 0	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP 0	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP 0	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP 0	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP	\$SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	JP 0	\$ 27,	roup LEVENTH	EICOMMUNITY/ AREA CALL SIGN
	1,627.19 JP 0 DSE	\$SUBSCRIBER GROU	d Group	Base Rate Fee Seco	JP 0	\$ 27,	DSE	Base Rate Fee First G EI COMMUNITY/ AREA
	1,627.19 JP O DSE 0 0.00	SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	JP 0 DSE	\$ 27,	DSE	EICOMMUNITY/ AREA CALL SIGN Total DSEs

LEGAL NAME OF OWNE			-			S	YSTEM ID# 6553	Name
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COMMUNITY/ AREA		SUBSCRIBER GRO	UP	COMMUNITY/ AREA		SUBSCRIBER GROUD 2	JP	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>					Base Rate Fee
	··		<u>.</u>			-		Syndicated
						-		Exclusivity
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			<u> </u>			-		for
			.					Partially Distant
			······································			-		Stations
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Total DSEs	_	!!	0.00	Total DSEs	·	!!	0.00	
Gross Receipts First G	roup	\$ 1,559	,247.57	Gross Receipts Secon	d Group	\$	61,610.45	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
		SUBSCRIBER GRO	UP			SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Sub Gr	oup 3		COMMUNITY/ AREA	Sub Gro	oup 4		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 60	,497.96	Gross Receipts Fourth	Group	\$ 7	42,915.47	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	above.	\$	0.00	

Group 6 CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 \$ 35,012.79 TH SUBSCRIBER GROUP						LEGAL NAME OF OWNE SERVICE ELECTR
Group 6 CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 \$ 35,012.79 TH SUBSCRIBER GROUP Group 8		TE FEES FOR EACH				Bl
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 \$ 35,012.79 \$ 0.00 TH SUBSCRIBER GROUP Group 8	SIXTH		IP	SUBSCRIBER GROU	FIFTH	
CALL SIGN Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 \$ 35,012.79 \$ 0.00 TH SUBSCRIBER GROUP Group 8	***************************************	COMMUNITY/ AREA		oup 5		COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 \$ 35,012.79 \$ 0.00 TH SUBSCRIBER GROUP Group 8	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 \$ 35,012.79 \$ 0.00 TH SUBSCRIBER GROUP Group 8						
Exclusivity Surcharge for Partially Distant Stations 0.00 \$ 35,012.79 \$ 0.00 TH SUBSCRIBER GROUP Group 8						
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\$ 35,012.79 \$ 0.00 TH SUBSCRIBER GROUP Group 8	. 					
\$ 35,012.79 \$ 0.00 TH SUBSCRIBER GROUP Group 8	1	Total DSEs	0.00		<u> </u>	Total DSEs
TH SUBSCRIBER GROUP Group 8	nd Group	Gross Receipts Secon	488.90	\$ 10,	oup	Gross Receipts First G
TH SUBSCRIBER GROUP Group 8			1			
Group 8	nd Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
	EIGHTH :		ΙP	SUBSCRIBER GROU	EVENTH	5
CALL SIGN DSE	Sub Gro	COMMUNITY/ AREA		oup 7	Sub Gr	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	BOL	OF ILLE GIGIT	DOL	OF REE GIGIT	DOL	07 KEE 01011
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0.00		Total DSEs	0.00		<u> </u>	Total DSEs
s 190,276.06	n Group	Gross Receipts Fourth	578.15	\$ 1,336,	roup	Gross Receipts Third G
\$ 0.00	n Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC. SYSTEM ID# 6553							
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
9 Computation	TENTH SUBSCRIBER GROUP				NINTH SUBSCRIBER GROUP			
	COMMUNITY/ AREA Sub Group 10						COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated						 		
Exclusivity						H		
Surcharge								
for Partially								
Distant								
Stations		-						
						<u> </u>		
	0.00		Total DSEs		0.00			Total DSEs
	\$ 92,191.87		d Group	Gross Receipts Second Group		\$ 1,536,845.15		Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First G
	TWELVTH SUBSCRIBER GROUP				ELEVENTH SUBSCRIBER GROUP			
	COMMUNITY/ AREA 0				OMMUNITY/ AREA 0			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				t I				
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group		0.00	\$	roup	Total DSEs Gross Receipts Third G
	_	\$	Group	Total DSEs Gross Receipts Fourth		\$	roup	

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SERVICE ELECTRIC CABLEVISION, INC. 6553 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown