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            |  |  |  |
|                               | \$                |  |  |  |
|                               | ALLOCATION NUMBER |  |  |  |
| 8/29/2018                     |                   |  |  |  |

Return completed workbook by email to:

### coplicsoa@loc.gov

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

| Α                    | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:   |                      |                               |                 |  |  |  |
|----------------------|--|----------------------|-------------------------------|-----------------|--|--|--|
| Accounting<br>Period | 2018/1   |                      |                               |                 |  |  |  |
|                      | Instructions:  |                      |                               |                 |  |  |  |
| Bowner               | Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the business of the cable system  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi a single statement of account and royalty fee payment covering the entire accounting perion  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |                      |                               |                 |  |  |  |
|                      | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |                      |                               |                 |  |  |  |
|                      | CEQUEL COMMUNICATIONS LLC  |                      |                               |                 |  |  |  |
|                      |  |                      |                               |                 |  |  |  |
|                      |  |                      |                               | 00675520181     |  |  |  |
|                      |  |                      |                               | 006755 2018/1   |  |  |  |
|                      |  |                      |                               |                 |  |  |  |
|                      | 3015 S SE LOOP 323   |                      |                               |                 |  |  |  |
|                      | TYLER, TX 75701  |                      |                               |                 |  |  |  |
| С                    | INSTRUCTIONS: In line 1, give any business or trade names used to id   | dentify the busines  | ss and operation of the syste | em unless these |  |  |  |
| C                    | names already appear in space B. In line 2, give the mailing address of  | the system, if diffe | erent from the address give   | n in space B.   |  |  |  |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM:  |                      |                               |                 |  |  |  |
|                      | ALEXANDRIA   |                      |                               |                 |  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTEM:   |                      |                               |                 |  |  |  |
|                      | 2 (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.  | T                    |                               |                 |  |  |  |
| Served               | CITY OR TOWN   | STATE                |                               |                 |  |  |  |
| First<br>Community   | ALEXANDRIA   | LA                   |                               |                 |  |  |  |
| Johnnanty            | Below is a sample for reporting communities if you report multiple cha   |                      |                               | OUR ORR#        |  |  |  |
|                      | CITY OR TOWN (SAMPLE)  Alda  | STATE<br>MD          | CH LINE UP  A                 | SUB GRP#        |  |  |  |
| Sample               | Alliance   | MD                   | В                             | 2               |  |  |  |
|                      | Gering   | MD                   | В                             | 3               |  |  |  |
|                      | -  |                      |                               |                 |  |  |  |

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

| TORINI SAJE. PAGE 10.   |  |  |                  |                        |  |  |
|---|--|--|------------------|------------------------|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  |  |  | SYSTEM ID#       |                        |  |  |
| CEQUEL COMMUNICATIONS LLC   |  |  | 006755           |                        |  |  |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. |  |  |                  |                        |  |  |
| <b>Note:</b> 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., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).  | e column blank. İi<br>levant community | f you report any st<br>with a subscriber | ations<br>group, |                        |  |  |
| When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns because of the properties of the DSE schedule.   | a subscriber grou                      |  |                  |                        |  |  |
| CITY OR TOWN  | STATE                                  | CH LINE UP                               | SUB GRP#         |                        |  |  |
| ALEXANDRIA  | LA                                     |  |                  | First                  |  |  |
| BALL  | LA                                     |  |                  | Community              |  |  |
| CREOLA  | LA                                     |  |                  |                        |  |  |
| GRANT PARISH  | LA                                     |  |                  |                        |  |  |
| PINEVILLE   | LA                                     |  |                  |                        |  |  |
| POLLACK   | LA                                     |  |                  | See instructions for   |  |  |
| RAPIDES PARISH  | LA                                     |  |                  | additional information |  |  |
|   |  |  |                  | on alphabetization.    |  |  |
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|------|------|
|      |      |
|      |      |

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

006755

### 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.

| BLOCK 1  |                       |    |       |     | BLOCK 2                                 |                       |      |
|--|-----------------------|----|-------|-----|---|-----------------------|------|
| CATEGORY OF SERVICE                              | NO. OF<br>SUBSCRIBERS |    | RATE  |     | CATEGORY OF SERVICE                     | NO. OF<br>SUBSCRIBERS | RATE |
| Residential:                                     |                       |    |       | Ħ   |   |                       |      |
| <ul> <li>Service to first set</li> </ul>         | 19,977                | \$ | 14.99 |     |   |                       |      |
| <ul> <li>Service to additional set(s)</li> </ul> | 42,219                |    | 0     |     |   |                       |      |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       |    |       |     |   |                       |      |
| Motel, hotel                                     |                       |    |       |     |   |                       |      |
| Commercial                                       | 895                   | \$ | 14.99 |     |   |                       |      |
| Converter  |                       |    |       |     |   |                       |      |
| <ul> <li>Residential</li> </ul>                  |                       |    |       |     |   |                       |      |
| <ul> <li>Non-residential</li> </ul>              |                       |    |       |     |   |                       |      |
| i  |                       | 1  |       | 1 ľ | *************************************** | 1                     | T    |

### F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

|   | BLOCK 2  |   |          |                          |
|---|----------|---|----------|--------------------------|
| CATEGORY OF SERVICE                             | RATE     | CATEGORY OF SERVICE                         | RATE     | CATEGORY OF SERVICE RATE |
| Continuing Services:                            |          | Installation: Non-residential               |          |                          |
| Pay cable                                       | \$ 17.00 | Motel, hotel                                |          |                          |
| <ul> <li>Pay cable—add'l channel</li> </ul>     | \$ 19.00 | Commercial                                  |          |                          |
| Fire protection                                 |          | Pay cable                                   |          |                          |
| Burglar protection                              |          | <ul> <li>Pay cable-add'l channel</li> </ul> |          |                          |
| Installation: Residential                       |          | Fire protection                             |          |                          |
| First set                                       | \$ 40.00 | Burglar protection                          |          |                          |
| <ul> <li>Additional set(s)</li> </ul>           | \$ 25.00 | Other services:                             |          |                          |
| <ul> <li>FM radio (if separate rate)</li> </ul> |          | Reconnect                                   | \$ 40.00 |                          |
| Converter                                       |          | Disconnect                                  |          |                          |
|   |          | Outlet relocation                           | \$ 25.00 |                          |
|   |          | <ul> <li>Move to new address</li> </ul>     | \$ 40.00 |                          |
|   |          |   |          |                          |

| LEGAL NAME OF OWI  | NER OF CABLE SY  | YSTEM:   |  |   | SYSTEM ID  |  |
|--|--|--|--|---|--|--|
| CEQUEL COM   | MUNICATIO  | NS LLC   |  |   | 00675  | Name                                   |
| PRIMARY TRANSMITT  | ERS: TELEVISIO   | ON   |  |   |  |  |
| n General: In space carried by your cable a carried by your cable a CC rules and regular 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis: pasis under specific For Do not list the station station was carried a List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream as "WETA-simulcast). Column 2: Give the station which your cable s   | G, identify ever system during to tions in effect on 6.61(e)(2) and (isis, as explaine Stations: With in CC rules, regular in here in space of only on a substand also in spanformation concorm.  ch station's call in associated with A-2". Simulcast the channel numbers. For example system carried the | y television st<br>he accounting<br>n June 24, 199<br>4), or 76.63 (r<br>d in the next  <br>respect to any<br>ations, or auth<br>G—but do listitute basis.<br>ace I, if the staterning substit<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Chane station.   | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>It distant stations<br>corrizations:<br>to the time station was carried<br>tute basis station<br>report origination<br>coording to its own<br>the reported in the<br>mass assigned to<br>cannel 4 in Wash | (1) stations carried carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statemed both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television stathington, D.C. This | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the tute basis and also on some other of the general instructions located tes such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example tion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial  | Primary<br>Transmitters:<br>Television |
| for independent multi<br>for the meaning of the<br>Column 4: If the si<br>lanation of local serv<br>Column 5: If you hable system carried the<br>arried the distant star<br>For the retransmiss  | cast), "E" (for neese terms, see tation is outside rice area, see parave entered "You the distant station on a part-till sion of a distant   | oncommercia page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast street   | I educational), ce general instru-<br>vice area, (i.e. "c<br>general instruct<br>4, you must cor<br>accounting perionause of lack of a<br>eam that is not s  | or "E-M" (for nonce<br>ctions located in t<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5,<br>od. Indicate by en<br>activated channel<br>subject to a royalt   | es." If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system<br>capacity.<br>y payment because it is the subject   |  |
| he cable system and<br>ion "E" (exempt). For<br>explanation of these the<br>Column 6: Give the<br>FCC. For Mexican or  | a primary trans<br>simulcasts, also<br>hree categories<br>le location of ea<br>Canadian statio   | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv  | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>e the name of the  | esenting the prima<br>channel on any o<br>instructions locate<br>list the community<br>the community with   | stem or an association representing<br>iry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>in which the station is identifed.<br>channel line-up.   |  |
| the cable system and<br>tion "E" (exempt). For<br>explanation of these the<br>Column 6: Give the<br>FCC. For Mexican or  | a primary trans<br>simulcasts, also<br>hree categories<br>le location of ea<br>Canadian statio   | mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv<br>nnel line-ups,  | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>e the name of the  | esenting the prima<br>channel on any o<br>instructions locate<br>list the communit<br>ne community with<br>space G for each   | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.  |  |
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| he cable system and ion "E" (exempt). For explanation of these the Column 6: Give the CC. For Mexican or Note: If you are utilizing 1. CALL SIGN   | a primary trans simulcasts, also hree categories le location of ea Canadian stationg multiple char 2. B'CAST CHANNEL NUMBER 47   | mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF  | ssociation repre<br>you carried the<br>of the general<br>or U.S. stations,<br>e the name of the<br>use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)  | esenting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE   | try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  If y to which the station is licensed by the n which the station is identifed.  Channel line-up.  6. LOCATION OF STATION   |  |
| he cable system and ion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilized 1. CALL SIGN  K47DW(WNTZ)  | a primary trans simulcasts, also hree categories le location of ea Canadian stationg multiple char 2. B'CAST CHANNEL NUMBER 47   | mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE  OF  STATION  | ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  | esenting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE   | ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the n which the station is identified. It is channel line-up.  6. LOCATION OF STATION  ALEXANDRIA, LA  |  |
| the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilized 1. CALL SIGN  K47DW(WNTZ)  K47DW(WNTZ-HIKALB-CBS   | a primary trans simulcasts, also hree categories le location of ea Canadian station multiple characteristics.  2. B'CAST CHANNEL NUMBER  47  | mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  I-M   | ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  NO  NO  | esenting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE   | ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  If y to which the station is licensed by the nation which the station is identifed.  If the channel line-up.  6. LOCATION OF STATION  ALEXANDRIA, LA  ALEXANDRIA, LA   |  |
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| the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN  K47DW(WNTZ)  K47DW(WNTZ-HI KALB-CBS KALB-CBS HD KALB-CW   | a primary trans simulcasts, also hree categories le location of ea Canadian station multiple characteristics.  2. B'CAST CHANNEL NUMBER  47  47  35  35  | mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  I-M N-M N-M   | ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N   | esenting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE   | ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the which the station is identifed.  channel line-up.  6. LOCATION OF STATION  ALEXANDRIA, LA  ALEXANDRIA, LA  ALEXANDRIA, LA  ALEXANDRIA, LA  ALEXANDRIA, LA   | additional information                 |
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| the cable system and<br>tion "E" (exempt). For<br>explanation of these the<br>Column 6: Give the<br>FCC. For Mexican or<br>Note: If you are utilizing  | a primary trans simulcasts, also hree categories le location of ea Canadian stationg multiple char 2. B'CAST CHANNEL NUMBER 47  1. 35  1. 35  1. 35  1. 35  1. 31  1. 31  2. 31  2. 31  2. 31  3. 31  3. 31  3. 31  3. 31  3. 31   | mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  I-M N-M I-M N-M I-M N-M I-M N-M I-M N-M I-M E-M E-M   | ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N   | esenting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE   | ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It which the station is licensed by the n which the station is identifed. It channel line-up.  6. LOCATION OF STATION  ALEXANDRIA, LA | additional informatio                  |

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006755 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

| FORM SA3E. PAGE 5.  |  |  |   |   |  | ACCOUNTING           | PERIOD: 2018/  |
|---|--|--|---|---|--|----------------------|--|
| LEGAL NAME OF OWNER OF CEQUEL COMMUNICATION   |  |  |   |   | ,  | SYSTEM ID#<br>006755 | Name   |
| SUBSTITUTE CARRIAGE   |  |  | IT AND PROGRAM LOG  |   |  | 000733               |  |
| In General: In space I, ident<br>substitute basis during the a<br>explanation of the programn   | ify every nor<br>ccounting pe  | nnetwork televis<br>eriod, under spe   | ion program broadcast by a cific present and former FC  | distant statio<br>C rules, regula   | ations, or authorizations.   | For a further        | Substitute   |
| During the accounting perbroadcast by a distant state.      Note: If your answer is "Note."   | riod, did you<br>tion?   | r cable system   | carry, on a substitute basi   | -   | Yes  | XNo                  | Carriage:<br>Special<br>Statement and<br>Program Log |
| log in block 2.  2. LOG OF SUBSTITUTI   |  |  | e biarik. Ii your ariswer is  | res, you me   | ust complete the program   |                      |  |
| In General: List each subsclear. If you need more spaced with the period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." | titute progra ace, please a of every nor distant stati- gulations, o ation. Do no Lucy" or "NE m was broad sign of the s adcast statio addian statio and and day ve "5/7." es when the Example: a er "R" if the and regulatio rogramming | m on a separa attach additional network televition and that your authorizations to use general control of the second of the seco | al pages. sion program (substitute pur cable system substitute some seepage (vi) of the genategories like "movies", or 76ers vs. Bulls." "Yes." Otherwise enter "Notherwise enter "Notherwise enter "Nother the community to which the community with which the community with which the seem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period | rogram) that, d for the progeral instruction "basketball".  lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y; enter the let | during the accounting tramming of another states and located in the paper List specific program and the program and the paper List specific program and the paper List specific program and the paper List specific program and the paper and th | nth<br>Jy            |  |
|   |  | E PROGRAM  |   |   | EN SUBSTITUTE IAGE OCCURRED  | 7. REASON            |  |
| TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No  | 3. STATION'S<br>CALL SIGN  | 4. STATION'S LOCATION   | 5. MONTH<br>AND DAY   | 6. TIMES<br>FROM — TO  | FOR DELETION         |  |
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**ACCOUNTING PERIOD: 2018/1** FORM SA3E, PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006755 **CEQUEL COMMUNICATIONS LLC PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and

### Part-Time Carriage Log

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."

| CALL SIGN | WHEN CARRIAGE OCCURRED |               |    | CALL SIGN | WHEN CARRIAGE OCCURRED |      |      |          |  |
|-----------|------------------------|---------------|----|-----------|------------------------|------|------|----------|--|
| 2.2       | DATE                   | HOURS<br>FROM | ТО |           | DATE                   | FROM | IOUR | TO       |  |
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|           |                        |               |    |           |                        |      |      |          |  |
|           |                        |               |    |           |                        |      |      |          |  |

|   | AL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                   |  |
|---|---|------------------------------|--|
| CE  | QUEL COMMUNICATIONS LLC   | 006755                       | Name   |
| all a<br>(as<br>pag   | ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secidentified in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.  | condary transmission service | <b>K</b><br>Gross Receipts                           |
| <ul><li>Cor</li><li>Cor</li><li>If you fee</li><li>If you</li></ul> | <b>RIGHT ROYALTY FEE</b> ctions: Use the blocks in this space L to determine the royalty fee you owe:  nplete block 1, showing your minimum fee.  nplete block 2, showing whether your system carried any distant television stations.  bur system did not carry any distant television stations, leave block 3 blank. Enter the a  from block 1 on line 1 of block 4, and calculate the total royalty fee.  bur system did carry any distant television stations, you must complete the applicable p  companying this form and attach the schedule to your statement of account. |                              | Copyright<br>Royalty Fee                             |
|   | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.   | pe entered on line 1 of      |  |
| -   | art 6 of the DSE schedule was completed, the amount from line 7 of block ${\sf C}$ should be slow.  | entered on line 2 in block   |  |
|   | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.   | ould be entered on line      |  |
| Block<br>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.  | ee is 1.064 percent of the   |  |
|   | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.   | \$ 4,374,378.67              |  |
|   | This is your minimum fee.   | \$ 46,543.39                 |  |
| Block<br>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 Yes—Complete the DSE schedule.   | mn 4, you must check         |  |
| Block<br>3  | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero   | \$ -                         |  |
|   | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero  | 0.00                         |  |
|   | Line 3. Add lines 1 and 2 and enter here  | \$ -                         |  |
| Block<br>4  | Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE</b> : 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   | \$ 46,543.39                 | Cable systems  |
|   | Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE</b> : Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.   |                              | submitting<br>additional<br>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  | \$ 47,268.39                 | 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         |  |

| Name                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  | SYSTEM ID#<br>006755    |
|--|--|-------------------------|
| M  | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.   | stations                |
| Channels                                   | Enter the total number of channels on which the cable     system carried television broadcast stations   | 15                      |
|  | Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services   | 333                     |
| N<br>Individual to                         | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  |                         |
| Be Contacted<br>for Further<br>Information | Name SARAH BOGUE Telephone 9   | 03-579-3121             |
|  | Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)   |                         |
|  | TYLER, TX 75701 (City, town, state, zip)   |                         |
|  | Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)   |                         |
| 0  | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regu  | ilations.               |
| Certifcation                               | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)   |                         |
|  | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space   | B; or                   |
|  | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or  | system as identified    |
|  | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.   | ner of the cable system |
|  | I have examined the statement of account and hereby declare under penalty of law that all statements of fact containe are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]   | d herein                |
|  | X /s/ Alan Dannenbaum  |                         |
|  | Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus |                         |
|  | Typed or printed name: ALAN DANNENBAUM   |                         |
|  | Title: SVP, PROGRAMMING  (Title of official position held in corporation or partnership)   |                         |
|  | Date: August 18, 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:  CEQUEL COMMUNICATIONS LLC   | STEM ID# 006755      | 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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not includ scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in t paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below | sic<br>e sub-<br>9." | P Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address Mailing Address  |                      |   |
| INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | ment.                | Q   |
| Line 1 Enter the amount of late payment or underpayment   |                      | Interest<br>Assessment                                  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   | days                 |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  | <u>-</u>             |   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)  |                      |   |
| contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  |                      |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the or filing.  | iginal               |   |
| 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 |      |

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **EXAMPLE**:

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

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



|    | Distant Stations Carried |       | Identification o | f Subscriber Groups    |                  |
|----|--------------------------|-------|------------------|------------------------|------------------|
|    | STATION                  | DSE   | CITY             | OUTSIDE LOCAL          | GROSS RECEIPTS   |
| in | A (independent)          | 1.0   |                  | SERVICE AREA OF        | FROM SUBSCRIBERS |
| 3  | B (independent)          | 1.0   | Santa Rosa       | Stations A, B, C, D ,E | \$310,000.00     |
| -  | C (part-time)            | 0.083 | Rapid City       | Stations A and C       | 100,000.00       |
|    | D (part-time)            | 0.139 | Bodega Bay       | Stations A and C       | 70,000.00        |
|    | E (network)              | 0.25  | Fairvale         | Stations B, D, and E   | 120,000.00       |
|    | TOTAL DSFs               | 2 472 |                  | TOTAL GROSS RECEIPTS   | \$600,000,00     |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

|                              |              | 40,0000                     |              |                             |              |  |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|--|
| First Subscriber Group       |              | Second Subscriber Group     |              | Third Subscriber Group      |              |  |
| (Santa Rosa)                 |              | (Rapid City and Bodega Bay) |              | (Fairvale)                  |              |  |
| Gross receipts               | \$310,000.00 | Gross receipts              | \$170,000.00 | Gross receipts              | \$120,000.00 |  |
| DSEs                         | 2.472        | DSEs .                      | 1.083        | DSEs .                      | 1.389        |  |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |  |
| \$310,000 x .01064 x 1.0 =   | 3,298.40     | \$170,000 x .01064 x 1.0 =  | 1,808.80     | \$120,000 x .01064 x 1.0 =  | 1,276.80     |  |
| \$310,000 x .00701 x 1.472 = | 3,198.80     | \$170,000 x .00701 x .083 = | 98.91        | \$120,000 x .00701 x .389 = | 327.23       |  |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |  |

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

**ACCOUNTING PERIOD: 2018/1** 

| DSE SCHEDULE. PAG    | E 11. (CONTINUED)  |                   |                              |                  |                         |          |  |  |  |  |  |
|----------------------|--|-------------------|------------------------------|------------------|-------------------------|----------|--|--|--|--|--|
| 4                    | LEGAL NAME OF OWNER OF CABL  | E SYSTEM:         |                              |                  | S                       | STEM ID# |  |  |  |  |  |
|                      | CEQUEL COMMUNICAT  | TIONS LLC         |                              |                  |                         | 006755   |  |  |  |  |  |
|                      | SUM OF DSEs OF CATEGOR   | RY "O" STATIO     | NS:                          |                  |                         |          |  |  |  |  |  |
|                      | <ul> <li>Add the DSEs of each station</li> </ul>   | ١.                |                              |                  |                         |          |  |  |  |  |  |
|                      | Enter the sum here and in line 1 of part 5 of this schedule.   |                   |                              |                  |                         |          |  |  |  |  |  |
|                      | Instructions:  |                   |                              |                  |                         |          |  |  |  |  |  |
| 2                    | In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 |                   |                              |                  |                         |          |  |  |  |  |  |
| Computation          | of space G (page 3). In the column headed "DSE"  | '· for each inden | endent station, give the DSI | = as "1 ()"· for | each network or noncom- |          |  |  |  |  |  |
| of DSEs for          | mercial educational station, give  |                   |                              | _ 43 1.0 , 101   | cach network of noncom- |          |  |  |  |  |  |
| Category "O"         | , 3  |                   | CATEGORY "O" STATION         | NS: DSEs         |                         |          |  |  |  |  |  |
| Stations             | CALL SIGN  | DSE               | CALL SIGN                    | DSE              | CALL SIGN               | DSE      |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
| Add rows as          |  |                   |                              |                  |                         |          |  |  |  |  |  |
| necessary.           |  |                   |                              |                  |                         |          |  |  |  |  |  |
| Remember to copy     |  |                   |                              |                  |                         |          |  |  |  |  |  |
| all formula into new |  |                   |                              |                  |                         |          |  |  |  |  |  |
| rows.                |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
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|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
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|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         | <br>     |  |  |  |  |  |
|                      |  |                   |                              |                  |                         | <u> </u> |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         | <u> </u> |  |  |  |  |  |
|                      |  |                   |                              |                  |                         | <u> </u> |  |  |  |  |  |
|                      |  |                   |                              |                  |                         |          |  |  |  |  |  |
|                      |  |                   |                              |                  |                         | <br>     |  |  |  |  |  |
|                      |  | l l               |                              |                  |                         | Ī        |  |  |  |  |  |

| Name   | CEQUEL COMM  |  | С   |   |  |   | S   | 006755 |  |
|--|--|--|---|---|--|---|---|--------|--|
| Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).  Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.  CATEGORY LAC STATIONS: COMPUTATION OF DSEs |  |  |   |   |  |   |   |        |  |
| Capacity   |  | C  | ATEGORY LA  | AC STATIONS:  | COMPUTAT   | ION OF DSEs   |   |        |  |
|  | 1. CALL<br>SIGN  | 2. NUMBE<br>OF HOL<br>CARRIE<br>SYSTEM   | IR 3.<br>JRS<br>ED BY   | NUMBER<br>OF HOURS<br>STATION<br>ON AIR   | 4. BASIS OI<br>CARRIAC<br>VALUE  | F 5. TYPE   |   | SE     |  |
|  |  |  |   |   |  | x   |   |        |  |
|  |  |  | ÷   |   | =  | x   | <u>=</u>                                    |        |  |
|  |  |  |   |   |  | x<br>x  |   |        |  |
|  |  |  | ÷   |   | =  | x   | =   |        |  |
|  |  |  | ÷   |   | =  | x   | =   |        |  |
|  |  |  | ÷   |   | =<br>  | x<br>x  | <u>=</u>                                    |        |  |
|  | SUM OF DSEs OF<br>Add the DSEs of ea<br>Enter the sum he   |  |   | dule,   | ▶  | 0.00  | <b>)</b>                                    |        |  |
| Computation of DSEs for Substitute-Basis Stations  | Was carried by y tions in effect or Broadcast one o space I).     Column 2: For e at your option. This Column 3: Enter Column 4: Divid | your system in subst<br>n October 19, 1976 (<br>or more live, nonnetwood<br>each station give the<br>figure should correst<br>the number of days<br>le the figure in colum | itution for a progras shown by the look programs during number of live, no spond with the infection the calendar your 2 by the figure | am that your systen<br>letter "P" in column<br>ng that optional carr<br>onnetwork program<br>ormation in space I<br>/ear: 365, except in<br>in column 3, and gi | n was permitted 7 of space I); an iage (as shown by as carried in substance), a leap year. | Programs) if that station:<br>to delete under FCC rule<br>d<br>y the word "Yes" in column<br>stitution for programs tha<br>column 4. Round to no le<br>the general instructions | 2 of<br>t were deleted<br>ss than the third | rm).   |  |
|  |  | SU   | BSTITUTE-BA   | ASIS STATION  | S: COMPUTA   | ATION OF DSEs   | T   |        |  |
|  | SIGN C   | NUMBER<br>DF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR   | 4. DSE  | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR             | 4. DSE |  |
|  |  | ÷  |   | =   |  |   | ÷   | =      |  |
|  |  | ÷  |   |   |  |   | ÷<br>-                                      |        |  |
|  | l  | -  |   | =   |  |   | ÷   | =      |  |
|  |  | ÷  | -   | =   |  |   | ÷<br>÷                                      | =      |  |
|  | SUM OF DSEs OF<br>Add the DSEs of ea<br>Enter the sum he   |  |   | dule,   | ▶  | 0.00  | o o   |        |  |
| <b>5</b> Total Number of DSEs  | TOTAL NUMBER OF number of DSEs app  1. Number of DSE 2. Number of DSE 3. Number of DSE   | olicable to your systen<br>Es from part 2 ●<br>Es from part 3 ●  |   | xes in parts 2, 3, and  | 4 of this schedul  | le and add them to provide  ▶   | 0.00<br>0.00<br>0.00                        |        |  |
|  |  | ·  |   |   |  |   |   |        |  |
|  | TOTAL NUMBER OF  | DSEs   |   |   |  |   | <u> </u>                                    | 0.00   |  |

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

| LEGAL NAME OF C   |                                       |   |  |  |                |                 | S                     | YSTEM ID#<br>006755 | Name  |  |
|---|---------------------------------------|---|--|--|----------------|-----------------|-----------------------|---------------------|---|--|
|   |                                       |   |  |  |                |                 |                       | 006755              |   |  |
| Instructions: Block A:  |                                       |   |  | 7 - f th - DOF h   |                | - d l - t       |                       | : 41                | 6   |  |
| If your answer if schedule.   |                                       |   |  | 7 of the DSE sche  | edule blank al | na complete pa  | ап 8, (page 16) от    | tne                 | O   |  |
| If your answer if   | "No," complete blo                    |   |  | ELEVISION M  | ARKETS         |                 |                       |                     | Computation of                              |  |
| Is the cable system   |                                       |   |  |  |                | ection 76.5 of  | FCC rules and re      | gulations in        | 3.75 Fee                                    |  |
| effect on June 24, Yes—Com  |                                       | schedule—[  | OO NOT COM                                   | PLETE THE REMA   | AINDER OF F    | PART 6 AND 7    |                       |                     |   |  |
| X No—Comp   | olete blocks B and                    | C below.  |  |  |                |                 |                       |                     |   |  |
|   | BLOCK B: CARRIAGE OF PERMITTED DSEs   |   |  |  |                |                 |                       |                     |   |  |
| Column 1:<br>CALL SIGN  | , , , , , , , , , , , , , , , , , , , |   |  |  |                |                 |                       |                     |   |  |
| Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station  BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to CARRIAGE 76.61(b)(c)] |                                       |   |  |  |                |                 |                       |                     |   |  |
|   | C Noncommeric                         | cal educational<br>d station (76.<br>or DSE sched | al station [76.5<br>65) (see parag<br>lule). | 76.59(d)(1), 76.61(<br>9(c), 76.61(d), 76.<br>graph regarding su | 63(a) referrin | g to 76.61(d)   |                       |                     |   |  |
|   | *F A station pre                      | eviously carrie<br>JHF station w                  | ed on a part-tin<br>vithin grade-B           | ne or substitute ba<br>contour, [76.59(d)(                       | •              |                 | erring to 76.61(e)    | (5)                 |   |  |
| Column 3:   |                                       | e stations ide                                    | ntified by the I                             | n parts 2, 3, and 4<br>etter "F" in column                       |                |                 | vorksheet on pag      | e 14 of             |   |  |
| 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS                 | 3. DSE  | 1. CALL<br>SIGN                              | 2. PERMITTED<br>BASIS  | 3. DSE         | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE              |   |  |
|   |                                       |   |  |  |                |                 |                       |                     |   |  |
|   |                                       |   |  |  |                |                 |                       |                     |   |  |
|   |                                       |   |  |  |                |                 |                       |                     |   |  |
|   |                                       |   |  |  |                |                 |                       |                     |   |  |
|   |                                       |   |  |  |                |                 |                       | 0.00                |   |  |
|   |                                       | В   | LOCK C: CO                                   | MPUTATION OF   | F 3.75 FEE     |                 |                       |                     |   |  |
| Line 1: Enter the   | total number of                       | DSEs from   | part 5 of this                               | schedule   |                |                 |                       |                     |   |  |
| Line 2: Enter the   | sum of permitte                       | ed DSEs from                                      | m block B ab                                 | ove  |                |                 |                       | -                   |   |  |
| Line 3: Subtract<br>(If zero, I   |                                       |   |  | r of DSEs subject<br>7 of this schedu                            |                | rate.           |                       | 0.00                |   |  |
| Line 4: Enter gro   | oss receipts from                     | ı space K (p                                      | age 7)                                       |  |                |                 | x 0.03                | 375                 | Do any of the DSEs represent partially      |  |
| Line 5: Multiply I  | ine 4 by 0.0375                       | and enter si                                      | um here                                      |  |                |                 |                       |                     | permited/<br>partially<br>nonpermitted      |  |
| Line 6: Enter tota  | al number of DS                       | Es from line                                      | 3  |  |                |                 |                       |                     | carriage?  If yes, see part 9 instructions. |  |
| Line 7: Multiply I  | ine 6 by line 5 aı                    | nd enter her                                      | e and on line                                | 2, block 3, spac   | e L (page 7)   |                 |                       | 0.00                | J mod dollond.                              |  |

| CEQUEL COMMUNICATIONS LLC 006755 |                       |         |                 |                       |           |                                       |                       |        |               |
|----------------------------------|-----------------------|---------|-----------------|-----------------------|-----------|---------------------------------------|-----------------------|--------|---------------|
|                                  |                       | BLOCK   | A: TELEVIS      | ION MARKET            | S (CONTIN | UED)                                  |                       |        |               |
| 1. CALL<br>SIGN                  | 2. PERMITTED<br>BASIS | 3. DSE  | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE    | 1. CALL<br>SIGN                       | 2. PERMITTED<br>BASIS | 3. DSE | 6             |
|                                  |                       |         |                 |                       |           |                                       |                       |        | Computation o |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 | <br>                  |           |                                       |                       |        |               |
|                                  |                       | •       |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
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|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       | •       |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       | •••••• |               |
|                                  |                       |         |                 | <br>                  |           |                                       |                       |        |               |
|                                  |                       | •       |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       | •       |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
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|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       | •••••• |               |
|                                  |                       |         |                 | <br>                  |           |                                       |                       |        |               |
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|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       | •••••• |               |
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|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       |         |                 |                       |           |                                       |                       |        |               |
|                                  |                       | <b></b> |                 |                       | <b></b>   | · · · · · · · · · · · · · · · · · · · |                       |        |               |

| Name  | CEQUEL COMN  |   |  |   |  |  |   |  | S  | 48TEM ID#<br>006755 |
|---|--|---|--|---|--|--|---|--|--|---------------------|
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | stations carried pric<br>Column 1: List the of<br>Column 2: Indicate<br>Column 3: Indicate<br>Column 4: Indicate<br>(Note that the FC<br>A—Part-time spir<br>76.59(<br>B—Late-night pr<br>76.61(<br>S—Substitute ca<br>genera<br>Column 5: Indicate<br>Column 6: Compare<br>in block | or to June 25, call sign for ear the DSE for the DSE for the accounting the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). arriage under all instructions the station's Ie the DSE figure 18, column 3 conformation you | 1981, under forme ach distant station in his station for a sing period and year arriage on which the regulations cited by mming: Carriage, c)(1), or 76.63 (refe: Carriage under FCC certain FCC rules, in the paper SA3 to SE for the current ures listed in column of part 6 for this state ou give in columns | er FCC rules govidentifed by the gle accounting in which the can be station was celow pertain to on a part-time be tring to 76.61(e C rules, section regulations, or form.  t accounting per and 5 and attion.  2, 3, and 4 musting the gle and 5 and | ver<br>let<br>pe<br>rria<br>carr<br>tho<br>asi<br>)(1<br>s 7<br>au | entifed by the letter "F" rning part-time and subter "F" in column 2 of priod, occurring between and DSE occurred ried by listing one of the base in effect on June 24 is, of specialty program )).  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 subject to the subject of the subject in parts and the smaller of the two see accurate and is subject to the smaller of the subject in parts and the smaller of the two see accurate and is subject to the smaller of the subject in parts and the smaller of the two see accurate and is subject to the smaller of the smaller of the smaller of the subject to the smaller of the smaller | estitute carri<br>part 6 of the<br>n January 1<br>(e.g., 1981/<br>e following<br>4, 1981.<br>nming unde<br>), or 76.63 (<br>er explanation<br>2, 3, and 4<br>o figures he | age. DSE schedule, 1978 and Jur 1) letters  r FCC rules, se referring to on, see page (v of this schedule. This figure | ene 30, 19 ections  vi) of the should be | 981<br>ne enterei   |
|   |  | PERMITT   | ED DSE FOR STA   | TIONS CARRI   | ED   | ON A PART-TIME AN  | ID SUBSTI   | TUTE BASIS   |  |                     |
|   |  |   |  |   |  |  |   |  |  | ERMITTED<br>DSE     |
|   |  |   |  | -   |  |  |   |  |  |                     |
|   |  |   |  |   |  |  |   |  |  |                     |
|   |  |   |  |   |  |  |   |  |  |                     |
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|   |  |   |  |   |  |  |   |  |  |                     |
|   |  |   |  |   |  |  |   |  |  |                     |
| <b>7</b> Computation of the   | ,  | "Yes," comple   | ete blocks B and C   | ,   | · pa   | art 8 of the DSE sched   | ule.  |  |  |                     |
| Syndicated  |  |   | BLOC   | K A: MAJOR  | TI   | ELEVISION MARK   | ET  |  |  |                     |
| Exclusivity   |  |   |  |   |  |  |   |  |  |                     |
| Surcharge   | Is any portion of the c  | cable system v  | vithin a top 100 maj   | or television mar   | ke   | t as defned by section 7   |   | rules in effect J  | une 24,                                  | 1981?               |
|   | Yes—Complete   | : blocks B and  | IC.  |   |  | X No—Proceed to  | part 8  |  |  |                     |
|   | BLOCK B: Ca  | arriage of VHI  | F/Grade B Contour  | Stations  |  | BLOCK  | C: Compu  | tation of Exem   | pt DSE                                   | 3                   |
|   | Is any station listed in<br>commercial VHF stati<br>or in part, over the ca  | ion that places   |  |   |  | Was any station listed<br>nity served by the cab<br>to former FCC rule 76  | le system p   |  |  |                     |
|   | Yes—List each si  X No—Enter zero a  |   | th its appropriate per<br>part 8.  | mitted DSE  |  | Yes—List each st  X No—Enter zero a  |   |  | ate permi                                | tted DSE            |
|   | CALL SIGN  | DSE   | CALL SIGN  | DSE   |  | CALL SIGN  | DSE   | CALL SIG   | in I                                     | DSE                 |
|   |  |   | -  |   |  |  |   |  |  |                     |
|   |  |   |  |   |  |  |   |  |  |                     |
|   |  |   |  |   |  |  | <del> </del>  |  |  |                     |
|   |  | 1   |  |   |  |  |   |  |  |                     |
|   |  |   |  |   |  |  |   |  |  |                     |
|   |  |   |  |   |  |  |   |  |  |                     |
|   |  |   |  |   |  |  |   |  |  |                     |
| TOTAL DSEs 0.00   |  |   |  |   |  |  |   |  | Es                                       | 0.00                |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  | SYSTEM ID#<br>006755 | Name                     |
|---------------|---|----------------------|--------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |                      |                          |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)  | 4,374,378.67         | 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<br>Syndicated     |
|               | 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                 | Exclusivity<br>Surcharge |
| • Is an       | y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.  |                      |                          |
|               | SECTION 3: TOP 50 TELEVISION MARKET   |                      |                          |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.   |                      |                          |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  | SE                   |                          |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)   |                      |                          |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)  |                      |                          |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here  |                      |                          |
|               | D. Multiply line B by line C and enter here   |                      |                          |
|               | E. Add lines A and D. This is your surcharge.   |                      |                          |
|               | Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |                      |                          |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.  |                      |                          |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)  |                      |                          |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)  |                      |                          |
|               | C. Multiply line B by 3.000 and enter here  |                      |                          |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$   |                      |                          |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here   |                      |                          |
|               | F. Multiply line D by line E and enter here   |                      |                          |
|               | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |                      |                          |
|               | SECTION 4: SECOND 50 TELEVISION MARKET  |                      |                          |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?   |                      |                          |
| Section<br>4a | Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.  |                      |                          |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1) | SE                   |                          |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$   |                      |                          |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here  |                      |                          |
|               | D. Multiply line B by line C and enter here   |                      |                          |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge  |                      |                          |

| Name  |   | ME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#<br>006755                         |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
|   | <u>'</u>  | CEQUEL COMMUNICATIONS LLC  | 006755                                       |  |  |  |  |  |  |
| 7   | Section<br>4b   | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.   |  |  |  |  |  |  |  |
| Computation   |   | A. Enter 0.00300 of gross receipts (the amount in section 1)   |  |  |  |  |  |  |  |
| of the<br>Syndicated<br>Exclusivity   |   | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$  |  |  |  |  |  |  |  |
| Surcharge   |   | C. Multiply line B by 3.000 and enter here   |  |  |  |  |  |  |  |
|   |   | D. Enter 0.00089 of gross receipts (the amount in section 1)   |  |  |  |  |  |  |  |
|   |   | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  |  |  |  |  |  |  |  |
|   |   | F. Multiply line D by line E and enter here  |  |  |  |  |  |  |  |
|   |   | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  |  |  |  |  |  |  |  |
|   |   | Syndicated Exclusivity Surcharge   | <u></u> .                                    |  |  |  |  |  |  |
| Round to the service area," see page (v) of the general instructions.  You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if blo 6 was checked "Yes," use the total number of DSEs from part 5.  In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave blank.  What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your sub were located within that station's local service area and others were located outside that area. For the definition of a stat service area," see page (v) of the general instructions. |   |  |  |  |  |  |  |  |  |
|   |   | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |  |  |  |  |  |  |  |
|   | • Did y   | our cable system retransmit the signals of any partially distant television stations during the accounting period?   |  |  |  |  |  |  |  |
|   |   | Yes—Complete part 9 of this schedule.   X No—Complete the following sections.  |  |  |  |  |  |  |  |
|   | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE |  |  |  |  |  |  |  |  |
|   | Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | .67_   |  |  |  |  |  |  |
|   | Section<br>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.)   | 0.00   |  |  |  |  |  |  |
|   | Section 3   | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts |  |  |  |  |  |  |  |
|   |   | (the amount in section 1)  | <u>.                                    </u> |  |  |  |  |  |  |
|   |   | B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶ <u>\$ 30,664.39</u>  |  |  |  |  |  |  |  |
|   |   | C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here  |  |  |  |  |  |  |  |
|   |   | D. Multiply line B by line C and enter here  | <u>.                                    </u> |  |  |  |  |  |  |
|   |   | E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)   |  |  |  |  |  |  |  |
|   |   | Base Rate Fee  | <u></u> l.                                   |  |  |  |  |  |  |

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

|                    | AME OF OWNER OF CABLE SYSTEM:  JEL COMMUNICATIONS LLC  | SYSTEM ID# 006755 | Name                                   |
|--------------------|--|-------------------|--|
|                    | 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 1.1**   |                   | 8                                      |
|                    | B. Enter 0.00701 of gross receipts (the amount in section 1)   ▶ \$  |                   | Computation<br>of<br>Base Rate Fee     |
|                    | C. Multiply line B by 3.000 and enter here   |                   | Dase Nate i ee                         |
|                    | D. Enter 0.00330 of gross receipts  (the amount in section 1)  |                   |  |
|                    | E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶  |                   |  |
|                    | F. Multiply line D by line E and enter here  |                   |  |
|                    | G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee   | 0.00              |  |
| IMPOR              | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca  | ast signals shall |  |
| instead<br>Space   | be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chann G.   | el line-ups in    | 9                                      |
|                    | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe<br>s from subscribers located within the station's local service area, from your system's total gross receipts. To take a  |                   | Computation of                         |
|                    | on, you must:  |                   | Base Rate Fee                          |
| station<br>DSEs a  | 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. Determined the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a state of the same rate fee for the same rate fee. | the number of     | Syndicated<br>Exclusivity<br>Surcharge |
| -                  | 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   | part 7 you must   | for<br>Partially                       |
| also co            | many portion or your cable system is located within the top foo television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B breable system is wholly located outside all major television markets, complete block A only.   |                   | Distant<br>Stations, and               |
|                    | Identify a Subscriber Group for Partially Distant Stations   |                   | for Partially<br>Permitted             |
|                    | For each community served, determine the local service area of each wholly distant and each partially distant state that community.  | ition you         | Stations                               |
| outside            | For each wholly distant and each partially distant station you carried, determine which of your subscribers were let 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.)   |                   |  |
| Step 3:<br>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 the will have only one subscriber group when the distant stations it carried have local service areas that coincide.   |                   |  |
| groups             | ating the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.  | stem's subscriber |  |
|                    | ry the communities/areas represented by each subscriber group.   |                   |  |
| subscri            | he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a bers in the group.   | I of the          |  |
| • lf:<br>1) your   | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it  | in parts 2, 3,    |  |
| 2) any             | f this schedule; or,<br>portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l<br>6 of this schedule.   | olock B,          |  |
| •                  | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |                   |  |
|                    | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.  | instructions      |  |
| page.              | ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the that group's complement of stations and total gross receipts from the subscribers in that group). You do not need   | nat is, the total |  |

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

actual calculations on the form.

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006755 **CEQUEL COMMUNICATIONS LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWN      |             |                                   |              |                      |                  | S                            | YSTEM ID#<br>006755 | Name                     |
|------------------------|-------------|-----------------------------------|--------------|----------------------|------------------|------------------------------|---------------------|--------------------------|
| E                      |             | COMPUTATION OF<br>SUBSCRIBER GROU |              | TE FEES FOR EAC      |                  | IBER GROUP<br>SUBSCRIBER GRO | UP                  |                          |
| COMMUNITY/ AREA        |             |                                   | 0            | COMMUNITY/ ARE       | 9<br>Computation |                              |                     |                          |
| CALL SIGN              | DSE         | CALL SIGN                         | DSE          | CALL SIGN            | DSE              | CALL SIGN                    | DSE                 | of                       |
|                        |             |                                   |              |                      |                  |                              |                     | Base Rate Fee and        |
|                        |             |                                   |              |                      |                  |                              |                     | Syndicated               |
|                        |             |                                   |              |                      |                  |                              |                     | Exclusivity<br>Surcharge |
|                        |             | -                                 |              |                      |                  |                              |                     | for                      |
|                        |             |                                   |              |                      |                  |                              |                     | Partially<br>Distant     |
|                        |             |                                   |              |                      |                  |                              | ····                | Stations                 |
|                        |             |                                   |              |                      |                  |                              |                     |                          |
|                        |             |                                   |              |                      |                  |                              |                     |                          |
|                        |             |                                   |              |                      |                  |                              |                     |                          |
|                        |             |                                   |              |                      |                  |                              |                     |                          |
| Total DSEs             | Croup.      | •                                 | 0.00         | Total DSEs           | and Croun        | •                            | 0.00                |                          |
| Gross Receipts First ( | oroup .     | \$                                | 0.00         | Gross Receipts Sec   | ona Group        | \$                           | 0.00                |                          |
| Base Rate Fee First (  | Group       | \$                                | 0.00         | Base Rate Fee Sec    | ond Group        | \$                           | 0.00                |                          |
| COMMUNITY/ AREA        | THIRD       | SUBSCRIBER GROU                   | JP <b>0</b>  | COMMUNITY/ ARE       |                  | I SUBSCRIBER GRO             | UP <b>0</b>         |                          |
|                        |             |                                   |              | OCIVIIVIOTAT 1774CE  |                  |                              |                     |                          |
| CALL SIGN              | DSE         | CALL SIGN                         | DSE          | CALL SIGN            | DSE              | CALL SIGN                    | DSE                 |                          |
|                        |             |                                   |              |                      |                  |                              |                     |                          |
|                        |             |                                   |              |                      |                  |                              |                     |                          |
|                        |             |                                   |              |                      |                  |                              |                     |                          |
|                        |             |                                   |              |                      |                  |                              |                     |                          |
|                        |             |                                   |              |                      |                  |                              |                     |                          |
|                        |             |                                   |              |                      | <u>.</u>         |                              |                     |                          |
|                        |             | -                                 |              |                      |                  |                              |                     |                          |
|                        |             |                                   |              |                      |                  |                              |                     |                          |
|                        |             |                                   |              |                      |                  |                              |                     |                          |
| Total DSEs             |             |                                   | 0.00         | Total DSEs           |                  |                              | 0.00                |                          |
| Gross Receipts Third   | Group       | \$                                | 0.00         | Gross Receipts Fou   | rth Group        | \$                           | 0.00                |                          |
|                        |             |                                   |              |                      |                  |                              |                     |                          |
| Base Rate Fee Third    | Group       | \$                                | 0.00         | Base Rate Fee Fou    | rth Group        | \$                           | 0.00                |                          |
| Base Rate Fee: Add t   | he base rat | te fees for each subsc            | criber aroun | as shown in the hove | s above          |                              |                     |                          |
| Enter here and in bloc |             |                                   | g. oup       |                      |                  | \$                           | 0.00                |                          |

| E  |         |            |                                    | TE FEES FOR EAC                             |            |  | LID      |                         |
|--|---------|------------|------------------------------------|---|------------|--|----------|-------------------------|
| FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  0 |         |            |                                    | SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  0 |            |  |          | 9                       |
|  |         |            |                                    |   |            |  |          | Computati               |
| CALL SIGN                                  | DSE     | CALL SIGN  | DSE                                | CALL SIGN                                   | DSE        | CALL SIGN  | DSE      | of                      |
|  |         |            |                                    |   |            |  |          | Base Rate F             |
|  |         |            |                                    |   |            |  |          | and                     |
|  |         |            |                                    |   |            |  |          | Syndicate               |
|  |         |            |                                    |   | ·····      | -  |          | Exclusivit<br>Surcharge |
|  | ····    | H          | ····                               |   | ·····      | -  | ····     | for                     |
|  |         | -          | ···                                |   | ····       |  |          | Partially               |
|  |         |            |                                    |   |            |  |          | Distant                 |
|  |         |            |                                    |   |            |  |          | Stations                |
|  |         |            |                                    |   |            |  |          |                         |
|  |         |            |                                    |   |            |  |          |                         |
|  |         |            |                                    |   |            |  | <u> </u> |                         |
|  |         |            |                                    |   |            |  | <u> </u> |                         |
|  |         |            | ····                               |   |            | <del>                                     </del> |          |                         |
| otal DSEs                                  |         | !!         | 0.00                               | Total DSEs                                  |            | -!-!   | 0.00     |                         |
| ross Receipts First Group \$ 0.00          |         |            |                                    |   |            |  |          |                         |
|  |         |            | 0.00                               | Gross Receipts Second Group \$ 0.00         |            |  | 0.00     |                         |
|  |         |            |                                    |   |            |  |          |                         |
| ase Rate Fee First Group \$ 0.00           |         |            | Base Rate Fee Second Group \$ 0.00 |   |            |  |          |                         |
| THIRD SUBSCRIBER GROUP                     |         |            |                                    | FOURTH SUBSCRIBER GROUP                     |            |  |          |                         |
| OMMUNITY/ AREA 0                           |         |            |                                    | COMMUNITY/ AREA 0                           |            |  |          |                         |
| CALL SIGN                                  | DSE     | CALL SIGN  | DSE                                | CALL SIGN                                   | DSE        | CALL SIGN  | DSE      |                         |
|  |         |            |                                    |   |            |  |          |                         |
|  |         |            |                                    |   |            |  |          |                         |
|  |         | -          | <u></u>                            |   |            | -  |          |                         |
|  | ····    | <b>-</b>   | <del></del>                        |   |            | -  | <u></u>  |                         |
|  |         |            |                                    |   |            | <del> </del>                                     |          |                         |
| ,  |         |            |                                    |   |            | -  |          |                         |
|  |         |            |                                    |   |            |  |          |                         |
|  |         |            |                                    |   |            |  |          |                         |
|  |         |            | <u></u>                            |   |            |  |          |                         |
|  | <u></u> |            | <u></u>                            |   |            |  | <u></u>  |                         |
|  |         | -          |                                    |   |            |  | <u> </u> |                         |
|  |         |            |                                    |   |            | 1  |          |                         |
|  |         |            |                                    |   |            | <u> </u>   |          |                         |
| otal DSEs                                  |         |            | 0.00                               | Total DSEs                                  |            |  | 0.00     |                         |
| Gross Receipts Third Group                 |         |            |                                    |   |            |  | 0.00     |                         |
| noss neceipis milla                        | Oroup   | \$         | 0.00                               | Jose Receipts Fot                           | iiii Gioup | \$   | 0.00     |                         |
|  |         |            |                                    |   |            |  |          |                         |
| Base Rate Fee Third                        | Group   | \$         | 0.00                               | Base Rate Fee Fou                           | rth Group  | \$   | 0.00     |                         |
|  |         |            |                                    | H   |            |  |          |                         |
|  |         |            |                                    |   |            |  |          |                         |
| P-/  | u L     | An face of |                                    | as shown in the boxe                        |            | <u> </u>   |          |                         |

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CEQUEL COMMUNICATIONS LLC 006755 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown