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 | | | | | |
| 02/28/2019 | \$ ALLOCATION NUMBER | | | | | |

Return completed workbook by email to:

coplicsoa@loc.gov

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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | | | | | |
|----------------------|--|--|-----------------------------------|----------------|--|--|--|--|--|--|
| Accounting Period | 2018/2 | | | | | | | | | |
| B Owner | Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account counting conductions of the conduction of | ss of the cable system on the last day of the counting perion | em the accounting period should s | • | | | | | | |
| | CABLE ONE, INC. | | | | | | | | | |
| | | | | 02303120182 | | | | | | |
| | | | | 023031 2018/2 | | | | | | |
| | 210 E. EARLL DRIVE PHOENIX, AZ 85012-2626 | | | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of | | | | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: 303 N. 4TH ST. 2 (Number, street, rural route, apartment, or suite number) PONCA CITY, OK 74601 (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 Served | with all communities. | STATE | | | | | | | | |
| First | PONCA CITY | OK | | | | | | | | |
| Community | Below is a sample for reporting communities if you report multiple cha | Innel line-ups in S | pace G. | | | | | | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | | | | | | |
| Sample | Alda | MD | Α | 1 | | | | | | |
| | Alliance | MD | В | 2 | | | | | | |
| | Gering | MD | В | 3 | | | | | | |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | | | |
|--|-------|------------|------------|---|--|--|--|--|--|--|
| CABLE ONE, INC. | | | 023031 | | | | | | | |
| 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 filings. | | | | | | | | | | |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. | | | | | | | | | | |
| If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). | | | | | | | | | | |
| When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. | | | | | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | _ | | | | | | |
| PONCA CITY | OK | AA | 1 | First | | | | | | |
| KAY COUNTY | OK | AA | 1 | Community | | | | | | |
| OSAGE | OK | AA | 2 | | | | | | | |
| TONKAWA | OK | AA | 1 | | | | | | | |
| | | | | See instructions for additional information on alphabetization. | | | | | | |
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| | | | | | | | | | | |
| | | | | Add rows as necessary. | | | | | | |
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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

023031

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BLO | OCK 1 | | BLOCK 2 | | | |
|--|-----------------------|----|---------|---|--|--|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | | RATE | NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE | | |
| Residential: | | | | | | |
| Service to first set | 2,903 | \$ | 40.00 | | | |
| Service to additional set(s) | | | | | | |
| FM radio (if separate rate) | | | | | | |
| Motel, hotel | | | | | | |
| Commercial | 133 | \$ | 40.00 | | | |
| Converter | | | | | | |
| Residential | | | | | | |
| Non-residential | | | | | | |
| | | , | | | | |

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 | F | RATE | CATEGORY OF SERVICE | CATEGORY OF SERVICE | F | RATE | | | |
| Continuing Services: | | | Installation: Non-residential | | | | | | |
| Pay cable | \$ | 17.00 | Motel, hotel | | | | TIER-1 | \$ | 40.00 |
| Pay cable—add'l channel | \$ | 9.00 | Commercial | | | Ī | | | |
| Fire protection | | | Pay cable | | | Ī | | | |
| Burglar protection | | | Pay cable-add'l channel | | | Ī | | | |
| Installation: Residential | | | Fire protection | | | | | | |
| First set | \$ | 90.00 | Burglar protection | | | Ī | | | |
| Additional set(s) | \$ | 60.00 | Other services: | | | Ī | | | |
| • FM radio (if separate rate) | | | Reconnect | \$ | 60.00 | Ī | | | |
| Converter | | | Disconnect | | | Ī | | | |
| | | | Outlet relocation | \$ | 60.00 | | | | |
| | | | Move to new address | \$ | 60.00 | Ī | | | |
| | | | | | | ľ | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 023031 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) K38AK 38 Ε No PONCA CITY, OK **KAUT** OKLAHOMA CITY, OK 40 Yes 0 See instructions for OKLAHOMA CITY, OK additional information **KFOR** Ν 0 27 Yes on alphabetization. **KJRH** 8 Ν No TULSA, OK **KOCB** 33 0 OKLAHOMA CITY, OK Yes KOCB-2 33 I-M Yes 0 OKLAHOMA CITY, OK KOCB-3 I-M 33 Yes 0 OKLAHOMA CITY, OK Ν KOCO 0 7 Yes OKLAHOMA CITY, OK **KOKH** I-M 24 Yes 0 OKLAHOMA CITY, OK KOKH-2 24 I-M Yes 0 OKLAHOMA CITY, OK 50 **KOPX** ı Yes 0 OKLAHOMA CITY, OK **KSBI** 23 Yes 0 OKLAHOMA CITY, OK ı **КТВО** 15 I Yes 0 OKLAHOMA CITY, OK **KTUZ** 29 ı Yes 0 SHAWNEE, OK KUOK-CD 35 ı Yes 0 WOODWARD, OK 39 Ν 0 **KWTV** Yes OKLAHOMA CITY, OK OKLAHOMA CITY, OK KWTV-2 39 N-M Yes 0

| FORM SA3E. PAGE 3. | | | | | | |
|---|---|--|--|--|--|--|
| LEGAL NAME OF OWN | | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, IN | NC. | | | | 023031 | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bass Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If your cable system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the | G, identify even during the system during the solutions in effect on io.6.61(e)(2) and (sis, as explaine stations: With a CC rules, regular here in space only on a substand also in spation and also in spation and also in spation and also in spation associated with a cast of the station's call associated with a cast of the sine ach case we entered the cast), "E" (for not esset terms, see attoin is outside to a primary trans is included in a part-tilition of a distant the entered into of a primary trans simulcasts, also are categories a location of ea | y television standard accounting in June 24, 194, or 76.63 (rd in the next) respect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (v) | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation is a network of the stational, on the stational of the stat | (1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on program services the television statification, D.C. This work station, an indefor network multicute of "E-M" (for noncontrolled in the special state of the service of the state of the st | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system | Primary Transmitters: Television |
| Note: If you are utilizing | ng multiple char | nnel line-ups, | use a separate | space G for each | channel line-up. | |
| | | CHANN | EL LINE-UP | AB | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | |
|--|--|--|--|---|---|------------------------------------|
| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 023031 | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
| In General: In space carried by your cable: FCC rules and regular 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis: basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-simulcast). Column 2: Give th its community of licenson which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2 | y television standard page (v) of the local servage (v) of the local se | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation is a network of the stational, on the stational of the stat | (1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on a program service: er-the-air designate column 1 (list each the television statifington, D.C. This light of the station, an indefor network multicur "E-M" (for noncontions located in the special properties of the station of | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system | G Primary Transmitters: Television |
| | | CHANN | EL LINE-UP | ۸С | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | 2/2==== | | | |
|--|--------------------------------|--------|----------------------------|---|------------------------|------|--|--|
| LEGAL NAME OF OWN | | /STEM: | | | SYSTEM ID# | Name | | |
| CABLE ONE, IN | 1C. | | | | 023031 | | | |
| PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. | | | | | | | | |
| Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, | | | | | | | | |
| Note: If you are utilizing | | | EL LINE-UP | | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 1 | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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| FORM SA3E. PAGE 3. | | | | | | |
|--|--|--|--|---|--|--|
| LEGAL NAME OF OWN | | YSTEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 023031 | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasis Substitute Pasis Pas | G, identify even- G, identify even- g, system during tions in effect of 6.61(e)(2) and (6. | y television standard and the accounting of June 24, 194, or 76.63 (radio the next) respect to any ations, or auth G—but do listitute basis. ace I, if the state aring substiff sign. Do not radio a station account a station account a station. Whether the station. Whether the station. Whether the station are station. Whether the station are get (v) of the estimate of the local servage (v) of the estimate of the station are the station. The station are the station are the station. The station are the stationary are th | period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the stion was carried to the space I (the spa | (1) stations carried ecarriage of cert 1(e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) of the program service er-the-air designation of the television statington, D.C. This park station, an indefor network multicon "E-M" (for noncontions located in the innest ocated | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | Primary Transmitters: Television |
| Column 6: Give the | e location of ea | ch station. Fo | r U.S. stations, | list the community | y to which the station is licensed by the n which the station is identifed. | |
| Note: If you are utilizing | ng multiple char | | · | | channel line-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | |
|--|--|--|--|---|---|------------------------------------|
| LEGAL NAME OF OW | | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, I | NC. | | | | 023031 | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
| In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specific Found Is the station was carried List the station was carried List the station here, basis. For further in in the paper SA3 fc Column 1: List eareach multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you he cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these te Column 6: Give the | G, identify even system during the tions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(| y television standard page (v) of the local servage (v) of the local se | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation is a network of the stational, on the stational of the stat | (1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on a program service: er-the-air designate column 1 (list each the television statifington, D.C. This light of the station, an indefor network multicur "E-M" (for noncontions located in the special properties of the station of | es". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system | G Primary Transmitters: Television |
| Note: If you are utilizi | | | EL LINE-UP | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FURM SAJE. PAGE 3. | | | | | OVOTEM ID# | |
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| CABLE ONE, II | | STEM: | | | SYSTEM ID# 023031 | Name |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base | system during the system during the system during the system of the syst | he accounting n June 24, 199 4), or 76.63 (r d in the next p | period, except 31, permitting the eferring to 76.6 paragraph. | (1) stations carrie e carriage of certa 1(e)(2) and (4))]; a | and low power television stations) Id only on a part-time basis under ain network programs [sections and (2) certain stations carried on a | Primary Transmitters: |
| basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 4: If the st planation of local service Column 5: If you heable system carried the carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the FCC. | CC rules, regular here in space only on a substand also in spatioformation concurred. The station's call associated with a case of the station's call associated with a case of the station's call associated with a case of the station is outside to a case of the distant station on a part-time is on a | ations, or auth G—but do list titute basis. Ince I, if the state erning substit sign. Do not read a station accepte a station accepte a station. In a station are a station and uring the same basis becamulticast streen or before Jumitter or an accepte a station. For any, given as, if any, given a station. For any, given a station, if any, given a station are station. | orizations: it in space I (the tin space I) (the tin space II) (the tin spa | e Special Statemed both on a substitus, see page (v) on program services er-the-air designal column 1 (list each the television statifington, D.C. This interest of the television statifington, D.C. This interest on the television statifington, D.C. This interest on the television statifington, D.C. This interest on the television statification in the interest of the television statification in the television statification in the television in the telev | es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your evering "LAC" if your cable system expapacity. It payment because it is the subject stem or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the which the station is identifed. | Television |
| Note: If you are utilizing | ig multiple chai | · · | EL LINE-UP | | Charmer line-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | T |
|--|--|--|---|--|--|--|
| LEGAL NAME OF OWN | | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, IN | NC. | | | | 023031 | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If your cable system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the | G, identify even the system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(| y television standard by television standard by television standard by television standard by televisions, or auth G—but do list titute basis. In the standard by the standard | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried the station was carried to the station was carried to the station was station to the period of the station is a network of the station is a network of the station of the stational, of the stational, of the stational of the stations, the stations of the stations of the stations, the stations of the stations of the stations, the stations of the stations | (1) stations carried to carriage of certar (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on program services the television statistington, D.C. This work station, an indefor network multicute of "E-M" (for noncontrolled in the special state of the state | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed. | Primary Transmitters: Television |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | EL LINE-UP | · | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | | | |
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| LEGAL NAME OF OWN | | STEM: | | | SYSTEM ID# | Name | | |
| CABLE ONE, IN | NC. | | | | 023031 | | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried only your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for i | | | | | | | | |
| Note. II you are utilizii | ig multiple chai | • | • | • | channel line-up. | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, I | NC. | | | | 023031 | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasi | G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2 | y television standard y television | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation is a network of the stational, on the stational of the stat | (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the second of the Special Statement of the second | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | G Primary Transmitters: Television |
| Note: If you are utilizing | ig multiple chai | | | · | спаппетппе-ир. | |
| | 1 | CHANN | EL LINE-UP | AJ | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | • | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name | |
| CABLE ONE, II | NC. | | | | 023031 | | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network)", N-M" (for network multicast), "" (for independent), "I-M" (for inde | | | | | | | |
| Note: If you are utilizir | ng multiple char | nnel line-ups, | use a separate | space G for each | channel line-up. | | |
| | | CHANN | EL LINE-UP | AK | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| FORM SA3E. PAGE 3 | 3. | | | | 0)/0==11.15.// | T |
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| | WNER OF CABLE S | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, | INC. | | | | 023031 | |
| PRIMARY TRANSMIT | TTERS: TELEVISIO | ON | | | | |
| carried by your cabl FCC rules and regu 76.59(d)(2) and (4), substitute program I Substitute Basi: basis under specifc • Do not list the stati station was carrie • List the station her basis. For further in the paper SA3 Column 1: List e each multicast strea cast stream as "WE WETA-simulcast). Column 2: Give | e system during the lations in effect of 76.61(e)(2) and (basis, as explaines stations: With FCC rules, regulation here in space ed only on a subsite, and also in spare information conciders. Simulcast TA-2". Simulcast the channel numberse. For example | he accounting In June 24, 1984 | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the tition was carried ute basis station eport origination coording to its ow- be reported in of as assigned to | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television statistics). | and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a suble system on a substitute program ent and Program Log)—if the sute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel | G Primary Transmitters: Television |
| educational station, (for independent mu For the meaning of Column 4: If the planation of local se Column 5: If you cable system carried carried the distant s For the retransm of a written agreeme the cable system an tion "E" (exempt). Fo explanation of these Column 6: Give FCC. For Mexican of | by entering the lealticast), "E" (for not these terms, see station is outside enrice area, see put have entered "Ye do the distant station on a part-time is sission of a distant ent entered into o ond a primary transform simulcasts, also entered the tocation of eaper Canadian station | etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the a me basis beca multicast streen or before Ju mitter or an a coenter "E". If , see page (v) ch station. Fo ons, if any, give | etwork), "N-M" (I educational), of a general instruct vice area, (i.e. "c general instruct 4, you must cor accounting pericause of lack of a seam that is not some 30, 2009, be association repression of the general in the control of the general in the general i | for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by enti- ctivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed. | |
| Note: If you are utili | zing multiple chai | | • | | cnannei line-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE | | | | | 0)/07514 ID# | |
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| | WNER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE | , INC. | | | | 023031 | |
| PRIMARY TRANSMI | TTERS: TELEVISIO | ON | | | | |
| carried by your cab FCC rules and regu 76.59(d)(2) and (4), substitute program Substitute Basi basis under specific • Do not list the stati station was carri • List the station he basis. For furthe in the paper SA3 Column 1: List each multicast streacast stream as "WE WETA-simulcast). Column 2: Give | le system during tillations in effect or, 76.61(e)(2) and (basis, as explaine is Stations: With Infect or rules, regulation here in space ed only on a subsize, and also in spare, and also in spare information concillation. Each station's call arm associated with the channel numberse. For example | ne accounting In June 24, 1984, or 76.63 (In din the next prespect to any attons, or auth G—but do list ittute basis. In the state of t | period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tition was carried ute basis station eport origination coording to its ow- be reported in of as assigned to | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television statistics). | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the sute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example ion for broadcasting over-the-air in may be different from the channel | G Primary Transmitters: Television |
| educational station, (for independent m For the meaning of Column 4: If the planation of local se Column 5: If you cable system carried carried the distant s For the retransm of a written agreem the cable system ar tion "E" (exempt). F explanation of these Column 6: Give FCC. For Mexican of | by entering the leulticast), "E" (for not these terms, see a station is outside ervice area, see put have entered "Yid the distant station of a distant station of a distant ent entered into ond a primary transfor simulcasts, also three categories the location of eaper Canadian station | otter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the amulticast streen or before Jumitter or an act of enter "E". If the see page (v) ch station. Fons, if any, given concommendation of the station. | etwork), "N-M" (educational), of a general instruct vice area, (i.e. "congeneral instruct vice area, vice area, vice vice area, vice area vice vice area vice of lack of a seam that is not some 30, 2009, be association repression of the general in the vice vice vice vice vice vice vice vic | for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by enti- ctivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed. | |
| Note: If you are util | izing multiple chai | • | • | • | channer inte-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWI | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, I | NC. | | | | 023031 | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
| In General: In space carried by your cable: FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specific Fe Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | G, identify even system during the tions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(| y television standard page (v) of the local servage (v) of the local se | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation in the stational of the decarding period at the stational ation is a network ation in the stational of the stational ation in the station in the stational ation in the station in the stational ation in the stati | (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of both on a substitution, see page (v) on program services the television statistication, D.C. This work station, an indefor network multice or "E-M" (for noncontrolled in the state of the television statistication of the state of the television statistication, p.C. This work station, an indefor network multice or "E-M" (for noncontrolled in the state of the state o | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed. | G Primary Transmitters: Television |
| | | CHANN | EL LINE-UP | ΛN | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FURINI SAJE. PAGE 3. | | | | | OVOTEM ID# | | | | |
|---|--|--------------------------|----------------------------|---|------------------------|------|--|--|--|
| CABLE ONE, IN | | /STEM: | | | SYSTEM ID# 023031 | Name | | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas | In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program | | | | | | | | |
| basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational nulticast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a | | | | | | | | | |
| , | | | EL LINE-UP | | | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | |
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| FORM SA3E. PAGE 3. | | | | | | |
|--|--|--|--|---|--|------------------------------------|
| LEGAL NAME OF OW | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, I | NC. | | | | 023031 | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
| In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specific Found Ist the station station was carried List the station here, basis. For further in in the paper SA3 four Column 1: List ear each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licen on which your cable substitution of the Column 4: If the siplanation of local serve Column 5: If you he cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the carried of the column 1 to the column 1 to the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the | G, identify even system during the tions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(| y television standard page (v) of the local servage (v) of the local se | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried the station was carried to the station was carried to the station was station to the period of the station is a network of the station is a network of the station is a network of the stational, or a general instruct 4, you must correct ause of lack of a station is an etwo the stational of the station repression of the station repression of the general in the station repression of the general in the station repression of the general in the stations, the stations, the stations, the stations, the stations, the stations, the stations is a stations, the stations, the stations of the stations is a stations, the stations is a stations of the | (1) stations carried the carriage of certain (e) (2) and (4))]; as a carried by your context of the Special Statement of both on a substitution, see page (v) on a program service the er-the-air designation of the television statisticity of the television statisticity of the television statisticity of the television of the television statisticity of the television statisticity, enter "Yestons located in the molecular of the televisions located in the televisions located in the televisions located in the televisions located by enterior to a royalty extended the primal channel on any of the televisions located list the community with the community with | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. If payment because it is the subject stem or an association representing the remainder of the remai | G Primary Transmitters: Television |
| | | CHANN | EL LINE-UP | AD | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FURM SAJE. PAGE 3. | | | | | 0)/07514 ID# | | | | |
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| CABLE ONE, II | | STEM: | | | SYSTEM ID# 023031 | Name | | | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | | | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba | In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program | | | | | | | | |
| basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give th its community of licens on which your cable s' Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serve Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | CC rules, regular here in space only on a substand also in spatioformation concurrs. The station's call associated with associated with a-2". Simulcast is e channel numbers. For example system carried the in each case was entered "Ye entering the lecast), "E" (for no ese terms, see pation is outside ice area, see pation is outside ice area, see pation on a part-tirision of a distant static icion on a part-tirision of a distant the entered into on a primary trans simulcasts, also ree categories e location of ea Canadian statio | ations, or auth G—but do list titute basis. Ince I, if the state erning substit sign. Do not read a station accepte a station accepte a station. In a station are a station and uring the same basis becamulticast streen or before Jumitter or an accepte a station. For any, given as, if any, given a station. For any, given a station, if any, given a station are station. | orizations: it in space I (the tin space I) (the tin space II) (the tin spa | e Special Statemed both on a substitus, see page (v) on program services er-the-air designal column 1 (list each the television statifington, D.C. This interest of the television statifington, D.C. This interest on the television statifington, D.C. This interest on the television statifington, D.C. This interest on the television statification in the interest of the television statification in the television statification in the television in the telev | ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ition. For example, report multi- in stream separately; for example on for broadcasting over-the-air in imay be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your fering "LAC" if your cable system capacity. The paper service is the subject term or an association representing the paper service is the subject term or an association representing the paper service is the subject the station is licensed by the the which the station is identified. | Television | | | |
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| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, IN | NC. | | | | 023031 | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | |
| In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Pasis Substitute Pasis Substitute Pasis Substitute Pasis Pasis Substitute Pasis Pas | G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2 | y television state he accounting in June 24, 198 4), or 76.63 (red in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state erning substit sign. Do not red has tation account a station account a station. Whether the state "N" (for near station), whether the state "N" (for near station) and uring the ame basis becard in column on during the ame basis becard multicast streen or before Jumitter or an associated in the control of the station. For one, if any, given and in account multicast streen or before Jumitter or an associated in the station. For one, if any, given and in the station. | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation in the stational of the decarding period at the stational ation is a network ation in the stational of the stational ation in the station in the stational ation in the station in the stational ation in the stati | (1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on a program services the television statification, D.C. This work station, an indefor network multicar "E-M" (for noncontions located in the special state of the television statification of the state o | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. To payment because it is the subject stem or an association representing the remainder of the remai | G Primary Transmitters: Television |
| | | CHANN | EL LINE-UP | AD | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FURM SAJE. PAGE 3. | | | | | OVOTEM ID# | | | | |
|--|--|--------------------------|-------------------------|---|------------------------|------|--|--|--|
| CABLE ONE, IN | | YSTEM: | | | SYSTEM ID# 023031 | Name | | | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | | | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base | In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program | | | | | | | | |
| basis under specific FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. * List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1**: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2**: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3**: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-N" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). **Column 4**: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. **Column 5**: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activate | | | | | | | | | |
| Note. Il you are utilizii | ig multiple chai | | EL LINE-UP | | Chamile inte-up. | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | |
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| FORM SA3E. PAGE 3. | | | | | | T |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, I | NC. | | | | 023031 | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pa | G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2 | y television standard y television y te | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation is a network of the stational, on the stational of the stat | (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the second of the Special Statement of the second | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | G Primary Transmitters: Television |
| Note: If you are utilizing | | | · | • | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | EL LINE-UP 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3 | • | | | | 2)/2===== | T | |
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| LEGAL NAME OF OV | | /STEM: | | | SYSTEM ID# | Name | |
| CABLE ONE, | INC. | | | | 023031 | | |
| PRIMARY TRANSMIT | TERS: TELEVISION | ON | | | | | |
| carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program b Substitute Basis basis under specifc I Do not list the statio station was carrie List the station here basis. For further in the paper SA3 Column 1: List e each multicast strea cast stream as "WE" WETA-simulcast). Column 2: Give the | e system during to ations in effect on 76.61(e)(2) and (lasis, as explained Stations: With 18 CC rules, regular on here in space and also in space, and also in spacinformation concording associated with TA-2". Simulcast the channel number 18 channel number 20.5 simulcast stations and six of the channel number 20.5 simulcast stations and six of the channel number 20.5 simulcast stations are six of the channel number 20.5 simulcast stations are six of the channel number 20.5 simulcast six of the channel number 20.5 six of t | he accounting In June 24, 1984, or 76.63 (red in the next prespect to any attions, or auth G—but do list titute basis. ace I, if the stateming substite sign. Do not red a station accept the FCC here. | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the tition was carried ute basis station eport origination coording to its ow- be reported in of as assigned to | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television statistics). | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel | G Primary Transmitters: Television | |
| on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. | | | | | | | |
| Note: If you are utilize | zing multiple chai | • | • | • | cnannei line-up. | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| FURM SAJE. PAGE 3. | | | | | OVOTEM ID# | | |
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| CABLE ONE, IN | | /STEM: | | | SYSTEM ID# 023031 | Name | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base | system during the constant of | he accounting n June 24, 199 4), or 76.63 (red in the next p | period, except 81, permitting the eferring to 76.6 paragraph. | (1) stations carrie e carriage of certa 1(e)(2) and (4))]; a | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a | G Primary Transmitters: Television | |
| Substitute Program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in colum | | | | | | | |
| Note: If you are utilizing | - Inditiple chai | | EL LINE-UP | | Charmer inte-up. | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| FORM SA3E. PAGE 3. | | | | | | • | |
|---|---|--|--|--|---|--|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name | |
| CABLE ONE, IN | NC. | | | | 023031 | | |
| PRIMARY TRANSMITTE In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic | ers: TELEVISIO G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine stations: With a CC rules, regular here in space only on a subs and also in spa formation conc rm. the station's call associated with associated with ce: For example system carried the in each case we entering the le cast), "E" (for ne | y television st he accounting n June 24, 199 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta terning substiff sign. Do not r h a station acc streams must over the FCC h e, WRC is Chane station. whether the stater "N" (for no concommercia | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried tute basis station report origination coording to its own be reported in de- man assigned to the annel 4 in Wash ation is a network etwork), "N-M" (I I educational), of | (1) stations carried to carriage of certariage of the television stationington, D.C. This bork station, an indefer network multicor "E-M" (for nonco | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program tent and Program Log)—if the state basis and also on some other af the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinateream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" ommercial educational multicast). | Primary Transmitters: Television | |
| For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identified. | | | | | | | |
| Note: If you are utilizing | ng multiple char | | · | | channel line-up. | | |
| | | | EL LINE-UP | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | | |
| | NUMBER | STATION | | (If Distant) | | | |
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ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 023031 CABLE ONE. INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

| FORM SA3E. PAGE 5. | | | | | | ACCOUNTING | PERIOD: 2018/2 | |
|---|---|--|---|--|--|-----------------------------------|-------------------------|--|
| CABLE ONE, INC. | CABLE SYST | FEM: | | | | SYSTEM ID# 023031 | Name | |
| SUBSTITUTE CARRIAGE In General: In space I, ident | | | | | n that your cable system | m carried on a | I | |
| substitute basis during the ac explanation of the programm | ccounting pe | eriod, under spe | ecific present and former FC | C rules, regula | ations, or authorization | s. For a further | Substitute Carriage: | |
| 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station? State | | | | | | | | |
| Note: If your answer is "No | | rest of this pag | ge blank. If your answer is ' | 'Yes," you mu | | | Program Log | |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | titute progra ice, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE in was broad sign of the s adcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming | am on a separa attach additionannetwork televion and that your authorization the use general of the additional that your authorization that your and the additional that your and the additional that your shall be added to the additional that your systems are substitute program carrillisted program ons in effect du | al pages. ision program (substitute pour cable system substitutes. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01: | rogram) that, d for the progeral instructio "basketball". lo." m. station is licenstation is idenorogram. Use cable system. 15 p.m. to 6:2 mming that yet; enter the letters | during the accounting ramming of another sins located in the paper List specific program (a) the following program (b) the following program (c) the | tation er n onth tely | | |
| | el IDOTITI IT | E PROGRAM | <u> </u> | | EN SUBSTITUTE IAGE OCCURRED | 7. REASON | | |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | | 5. MONTH AND DAY | 6. TIMES FROM — TO | FOR DELETION | | |
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ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

023031

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

| | | DAT | ES | AND HOURS (| OF F | PART-TIME CAF | RRIAGE | | | | |
|-------------|------------------------|------|----|-------------|------|---------------|--------|------------------------|------|----|--|
| CALL SIGN - | WHEN CARRIAGE OCCURRED | | | | | CALL SIGN | MHE1 | WHEN CARRIAGE OCCURRED | | | |
| | DATE | FROM | UR | S TO | | | DATE | FROM | OURS | TO | |
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| LEGA | L NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# 023031 | Name | | | | | | |
|--|---|--------------------|----------------------|--|--|--|--|--|--|--|
| GR | DSS RECEIPTS | | | | | | | | | |
| all a | Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) | | | | | | | | | |
| IMP | during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 761,870.00 (Amount of gross receipts) | | | | | | | | | |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. | | | | | | | | | | |
| | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below. | e entered on line | : 1 of | | | | | | | |
| 3 be | rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low. | | | | | | | | | |
| | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | uld be entered o | n line | | | | | | | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K | | | | | | | | | |
| | Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. | | | | | | | | | |
| Diesk | This is your minimum fee. DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the | information you | 8,106.30 | | | | | | | |
| Block 2 | space G. If, in space G, you identifed any stations as "distant" by stating " \bar{Y} es" in colur "Yes" in this block. | nn 4, you must c | | | | | | | | |
| | Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and c | | ock 4. | | | | | | | |
| Block 3 | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero | \$ | 3,381.24 | | | | | | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | | 0.00 | | | | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ | 3,381.24 | | | | | | | |
| Block 4 | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger | \$ | 8,106.30 | Cable systems | | | | | | |
| | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente | r | 0.00 | submitting additional | | | | | | |
| | zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | 0.00 | deposits under Section 111(d)(7) should contact the Licensing | | | | | | |
| | Line 4. FILING FEE | | | | | | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | 8,831.30 | 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 th | ne | | | | | | | |

| Name | LEGAL NAME OF OWNER | OF CABLE S | YSTEM: | SYSTEM ID# | | | | | | |
|--|--|---------------------------------|--|---------------------------|--|--|--|--|--|--|
| Name | CABLE ONE, INC | | | 023031 | | | | | | |
| M Channels | to its subscribers ar Enter the total nu system carried tele Enter the total nu | mber of cevision brown ber of a | (1) the number of channels on which the cable system carried television broadcas cable system's total number of activated channels, during the accounting period. hannels on which the cable cadcast stations | 16 | | | | | | |
| | and nonbroadcast | services | | 285 | | | | | | |
| N Individual to Be Contacted for Further Information | we can contact about this statement of account.) ual to tacted rther ation we can contact about this statement of account.) Telephone 602-364-6195 | | | | | | | | | |
| | Address 210 E. | | DRIVE oute, apartment, or suite number) | | | | | | | |
| | | | | | | | | | | |
| | (City, town, | | 85012-2626 | | | | | | | |
| | Email | emers | on.yearwood@cableone.biz Fax (optional) 602-364- | 6013 | | | | | | |
| 0 | CERTIFICATION (Th | is statem | ent of account must be certifed and signed in accordance with Copyright Office re | gulations. | | | | | | |
| Certifcation | • I, the undersigned, | hereby ce | tify that (Check one, but only one, of the boxes.) | | | | | | | |
| | (Owner other tha | ın corpor | ntion or partnership) I am the owner of the cable system as identifed in line 1 of space | e B; or | | | | | | |
| | | | n corporation or partnership) I am the duly authorized agent of the owner of the cabl that the owner is not a corporation or partnership; or | le system as identified | | | | | | |
| | (Officer or partn in line 1 of sp. | | n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o | owner of the cable system | | | | | | |
| | | nd correct | at of account and hereby declare under penalty of law that all statements of fact contain to the best of my knowledge, information, and belief, and are made in good faith.] | ned herein | | | | | | |
| | | X | /s/ Raymond Storck | | | | | | | |
| | | (e.g., /s/ | electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotu | | | | | | | |
| | Typed or printed name: RAYMOND STORCK | | | | | | | | | |
| | | Title: | VICE PRESIDENT (Title of official position held in corporation or partnership) | | | | | | | |
| | | Dale. | February 28, 2019 | | | | | | | |

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

U.S. Copyright Office

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | Name |
|--|---|
| CABLE ONE, INC. 023031 | Name |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO | Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Mailing Address Mailing Address | |
| INTEREST ASSESSMENTS | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | Q |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please 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 original filing. | |
| Owner Address | |
| First community served Accounting period ID number | |

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

ACCOUNTING PERIOD: 2018/2

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 be all the control of the control of the control of the BOT. | |

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



| | Distant Stations Carried | | Identification | of Subscriber Groups | |
|----|--------------------------|-------|----------------|------------------------|------------------|
| | STATION | DSE | CITY | OUTSIDE LOCAL | GROSS RECEIPTS |
| in | A (independent) | 1.0 | | SERVICE AREA OF | FROM SUBSCRIBERS |
| ; | 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 DSEs | 2 472 | | TOTAL GROSS RECEIPTS | \$600,000,00 |

| linimum Fee Total Gross Receipts | \$600,000.00 |
|----------------------------------|--------------|
| | x .01064 |
| | 00.004.00 |

| | | 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: 2018/2

| DSE SCHEDULE. PAG | E 11. (CONTINUED) | | | | | | | | | | | | |
|----------------------|---|----------------|-----------|----------|-----------|--|--|--|--|--|--|--|--|
| 4 | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | | | | | | | |
| I | CABLE ONE, INC. 023031 | | | | | | | | | | | | |
| | SUM OF DSEs OF CATEGO | | | | | | | | | | | | |
| | Add the DSEs of each station | 40.00 | | | | | | | | | | | |
| | Enter the sum here and in line | 12.00 | | | | | | | | | | | |
| 2 | Instructions: | | | | | - | | | | | | | |
| 2 | In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). | | | | | | | | | | | | |
| Computation | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- | | | | | | | | | | | | |
| of DSEs for | mercial educational station, give the DSE as ".25." | | | | | | | | | | | | |
| Category "O" | CATEGORY "O" STATIONS: DSEs | | | | | | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | | | |
| | KAUT | 1.000 | | | | (| | | | | | | |
| | KFOR | 0.250 | | | | | | | | | | | |
| | KOCB | 1.000 | | | | | | | | | | | |
| | KOCO | 0.250 | | | | | | | | | | | |
| Add rows as | KOKH | 1.000 | | | | . | | | | | | | |
| necessary. | KOKH-2 | 1.000 | | | | <u> </u> | | | | | | | |
| Remember to copy | KOPX | 1.000 | | | | | | | | | | | |
| all formula into new | KSBI | 1.000 | | | | <u> </u> | | | | | | | |
| rows. | KTBO KTUZ | 1.000 | | | | <u> </u> | | | | | | | |
| | KWTV | 1.000 0.250 | | | | | | | | | | | |
| | KWTV-2 | 0.250 | | | | | | | | | | | |
| | KOCB-2 | 1.000 | | | | <u> </u> | | | | | | | |
| | KOCB-3 | 1.000 | | | | | | | | | | | |
| | KUOK-CD | 1.000 | | | | | | | | | | | |
| | INCON-OD | 1.000 | | | | | | | | | | | |
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| Name | CABLE ONE | OWNER OF CABLE SYSTEM: | | | | | S | 023031 | | | | |
|---|--|---|---------------------------------|---------------------------------------|----------------------------------|-----------------------------|---------------------------------|--------|--|--|--|--|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | 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. | | | | | | | | | | | |
| Capacity | CATEGORY LAC STATIONS: COMPUTATION OF DSEs | | | | | | | | | | | |
| | 1. CALL SIGN | 2. NUMBE OF HOU CARRIE SYSTEI | IR 3. N JRS C ED BY S | UMBER OF HOURS TATION ON AIR | 4. BASIS OF CARRIAGE VALUE | 5. TYPE | 6. DS | SE | | | | |
| | | | ÷ | = | | x | = | | | | | |
| | | | | | | <u>x</u> | | | | | | |
| | | | | | | <u>x</u> | | | | | | |
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| | | | | | | x | | | | | | |
| | | | ÷ | = | | x | = | | | | | |
| | | | ÷ | = | | x | = | | | | | |
| | Add the DSEs | S OF CATEGORY LAC S of each station. um here and in line 2 of p | | e, | | 0.00 | | | | | | |
| Computation of DSEs for Substitute-Basis Stations | Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. 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). | | | | | | | | | | | |
| | | SU | BSTITUTE-BAS | SIS STATIONS | S: COMPUTAT | TION OF DSEs | | | | | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | | | | |
| | | + | | = | | ÷ | | = | | | | |
| | | ÷ | | | | ÷ | | = | | | | |
| | | ÷ | • | = | | ÷ | | = | | | | |
| | | + | | = | | ÷ | | = | | | | |
| | | ÷ | | = | | ÷ | | = | | | | |
| | Add the DSEs | s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p | | e, | | 0.00 | | | | | | |
| 5 | | ER OF DSEs: Give the ams applicable to your system | | s in parts 2, 3, and | 4 of this schedule | and add them to provide | the tota | | | | | |
| Total Number | 1. Number o | 1. Number of DSEs from part 2● ▶ 12.00 | | | | | | | | | | |
| of DSEs | 2. Number o | 2. Number of DSEs from part 3 ● D.00 | | | | | | | | | | |
| | 3. Number o | f DSEs from part 4 ● | | | > | | 0.00 | | | | | |
| | TOTAL NUMBE | R OF DSEs | | | | > | | 12.00 | | | | |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/2

| LEGAL NAME OF C | OWNER OF CABLE | SYSTEM: | | | | | | S' | YSTEM ID# 023031 | Name |
|--|--|--|--|---|--|-------------------------------------|---|---|---------------------|--|
| In block A: | ock A must be com | | part 6 and part | 7 of the DSF sche | edule blank a | nd | complete pa | art 8. (page 16) of | the | 6 |
| schedule. | | | | 7 of the Boll son | cadic blank a | iiiu | complete pe | arto, (page 10) or | uic | |
| • If your answer if | "No," complete blo | ocks B and C | | TELEVISION M | ARKETS | | | | | Computation of |
| effect on June 24 | m located wholly c , 1981? nplete part 8 of the | | major and sma | aller markets as de | fined under s | | | | gulations in | 3.75 Fee |
| X No—Com | plete blocks B and | C below. | | | | | | | | |
| | | BLO | CK B: CARR | IAGE OF PERI | MITTED D | SE | s | | | |
| Column 1: CALL SIGN | under FCC rules | and regulati ne DSE Sche | ons prior to Ju edule. (Note: T | part 2, 3, and 4 o ne 25, 1981. For fi he letter M below r Act of 2010.) | urther explan | atio | on of permitt | ed stations, see tl | he | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC rt. A Stations carrived for folial (Note) B Specialty static C Noncomeric D Grandfathered instructions for E Carried pursuants F A station pre | ales and regued pursuant on as define al education distation (76. or DSE schemant to individuously carrium of the station of t | ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parac dule). ual waiver of F ed on a part-tir vithin grade-B | ne or substitute ba contour, [76.59(d)(| ose in effect of 76.57, 76.59(I re)(1), 76.63(i 63(a) referring bstitution of go | on J b), a) r ng t grai | June 24, 198 76.61(b)(c), referring to 7 o 76.61(d) andfathered s | 76.63(a) referring 6.61(e)(1 tations in the | | |
| Column 3: | | e stations ide | entified by the | n parts 2, 3, and 4 etter "F" in column | | | | orksheet on page | e 14 of | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | |
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| | | | • | | 1 | | | | 0.00 | |
| | | E | BLOCK C: CC | MPUTATION O | F 3.75 FEE | | | | | |
| ine 1: Enter the | e total number of | DSEs from | part 5 of this | schedule | | | | , | | |
| ine 2: Enter the | e sum of permitte | d DSEs fro | m block B ab | ove | | | | | | |
| | line 2 from line 1 leave lines 4–7 b | | | • | | 5 ra | ate. | | | |
| ine 4: Enter gro | oss receipts from | space K (p | page 7) | | | | | x 0.03 | 375 | Do any of the DSEs represen partially |
| ine 5: Multiply | line 4 by 0.0375 | and enter s | um here | | | | | x | | permited/ partially nonpermitted |
| ine 6: Enter tot | al number of DS | Es from line | e 3 | | | | | | | carriage? If yes, see part 9 instructions. |
| ine 7: Multiply | line 6 by line 5 ar | nd enter he | re and on line | 2. block 3. spac | e L (page 7 |) | | | 0.00 | |

| | ONE, I | NC. | | | | | | | O23031 | Name |
|--------------|--------|-----------------------|---|-----------------|--------------------|-----------|-----------------|--------------------|--------|-------------------------|
| | | | BLOCK | A: TELEVIS | ION MARKET | S (CONTIN | UED) | | | |
| 1. CA SIG | | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 |
| | | | | | | | | | | Computation of 3.75 Fee |
| | | | | | | | | | | |
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| | LEGAL NAME OF OWN | NER OF CABLE | SYSTEM: | | | | | | S۱ | STEM ID# | | | | |
|---|---|--|--|--------------------|---------------|--------------------------|----------------|-------------------------------------|------------|----------|--|--|--|--|
| Name | CABLE ONE, IN | NC. | | | | | | | | 023031 | | | | |
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. | | | | | | | | | | | | | |
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| | PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS | | | | | | | | | | | | | |
| | 1. CALL | 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED | | | | | | | | | | | | |
| | SIGN | DSE | | ERIOD | CARRI | | | DSE | *** | DSE | | | | |
| | 3.5% | | | | | | | | | | | | | |
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| 7 Computation of the | * | "Yes," comple | pleted. te blocks B and C, ocks B and C blan | | part 8 of the | DSE sched | ule. | | | | | | | |
| Syndicated | - | | BL OCI | CA: MAJOR | TELEVISIO | N MARK | FT | | | | | | | |
| Exclusivity | | | DLOGI | (71. 141/10011 | ILLLVIOIC | 21 4 1017 (1 (1 (| | | | | | | | |
| Surcharge | Is any portion of the or | cable system w | ithin a top 100 maio | or television mark | et as defned | by section 7 | 6 5 of ECC | rules in effect J | une 24 1 | 981? | | | | |
| Guronargo | | - | · · · · · · · · · · · · · · · · · · · | , toloviolori man | | - | | | uno 2 1, 1 | | | | | |
| | X Yes—Complete | blocks B and | C . | | No- | -Proceed to | part 8 | | | | | | | |
| | | | | | I | | | | | | | | | |
| | BLOCK B: C | arriage of VHF | /Grade B Contour | Stations | | BLOC | C: Compu | tation of Exem | pt DSEs | | | | | |
| | Is any station listed in commercial VHF stati or in part, over the ca | ion that places | | | nity served | | ole system p | of part 7 carrie rior to March 3 | | | | | | |
| | Yes—List each s | tation below with | n its appropriate per | mitted DSE | Yes- | List each st | tation below v | with its appropria | ate permit | ed DSE | | | | |
| | X No—Enter zero a | and proceed to p | art 8. | | X No- | -Enter zero a | nd proceed t | o part 8. | | | | | | |
| | | | | | | | | | | | | | | |
| | CALL SIGN | DSE | CALL SIGN | DSE | CAL | L SIGN | DSE | CALL SIG | iN | DSE | | | | |
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| | - | . ' | TOTAL DSEs | 0.00 | | | · | TOTAL DS | Es | 0.00 | | | | |
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| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. | YSTEM ID# 023031 | Name |
|---------------|--|------------------|--------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 761,870.00 | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | 0.00 | Computation |
| | B. Enter the total number of exempt DSEs from block C of part 7 | 0.00 | of the Syndicated |
| | 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 Surcharge |
| • Is any | y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below. | | |
| | SECTION 3: TOP 50 TELEVISION MARKET | | |
| Section 3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE | | |
| | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | | |
| | line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | | |
| | C. Multiply line B by 3.000 and enter here | | |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) | | |
| | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | | |
| | F. Multiply line D by line E and enter here | | |
| | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| | SECTION 4: SECOND 50 TELEVISION MARKET | | |
| Section 4a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. | | |
| 44 | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | | |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |

| Name | | | YSTEM ID# | | | | | | | | | |
|--|---|--|-----------|--|--|--|--|--|--|--|--|--|
| | (| CABLE ONE, INC. | 023031 | | | | | | | | | |
| 7 Computation of the Syndicated Exclusivity Surcharge | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). \$ E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | | | | | | | |
| Computation of Base Rate Fee | You m 6 was In blo If you If you blank What i | structions: In must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 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 block B below lank. In that is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers are located within that station's local service area and others were located outside that area. For the definition of a station's "local revice 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? | | | | | | | | | | |
| | _ | X Yes—Complete part 9 of this schedule. No—Complete the following sections. | | | | | | | | | | |
| | | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE | | | | | | | | | | |
| | Section 1 | Enter the amount of gross receipts from space K (page 7) ▶\$ | | | | | | | | | | |
| | Section 2 | Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). | | | | | | | | | | |
| | Section 3 | If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1) | | | | | | | | | | |
| | Base Rate Fee | 0.00 | | | | | | | | | | |

| LEGAL N | AME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Nama |
|-----------------|--|------------------|---------------------------|
| CABL | E ONE, INC. | 023031 | Name |
| Section | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | | |
| 4 | | | 8 |
| | A. Enter 0.01064 of gross receipts (the amount in section 1) **State | | • |
| | | _ | _ |
| | B. Enter 0.00701 of gross receipts (the amount in section 1) | | Computation of |
| | | | Base Rate Fee |
| | C. Multiply line B by 3.000 and enter here | _ | |
| | D. Enter 0.00330 of gross receipts | | |
| | (the amount in section 1) \$ | | |
| | E. Subtract 4.000 from total DSEs | | |
| | (the figure in section 2) and enter here | | |
| | F. Multiply line D by line E and enter here \$ | | |
| | G. Add lines A, C, and F. This is your base rate fee. | | |
| | Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ | 0.00 | |
| | <u> </u> | · | |
| | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels. | | |
| Space | | ine-ups in | 9 |
| | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee | | Computation |
| • | s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac on, you must: | ivantage of this | of Base Rate Fee |
| First: [| Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to | the same | and |
| station | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine | the number of | Syndicated Exclusivity |
| | and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | each group. | Surcharge |
| NOTE: | If any portion of your cable system is located within the top 100 television market and the station is not exempt in p | art 7, you must | for Partially |
| | mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bel cable system is wholly located outside all major television markets, complete block A only. | ow. However, | Distant Stations, and |
| | Identify a Subscriber Group for Partially Distant Stations | | for Partially |
| Step 1 | For each community served, determine the local service area of each wholly distant and each partially distant stati | ion you | Permitted Stations |
| | to that community. For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc | aatad | 23332333 |
| outside | the station's local service area. A subscriber located outside the local service area of a station is distant to that station to the station is distant to the subscriber.) | | |
| | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. I | | |
| | 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. | it a cable | |
| Compt groups | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst | em's subscriber | |
| - | section: | | |
| | fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all | of the | |
| | bers in the group. | oi uie | |
| • If: | | | |
| | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in If this schedule; or, | parts 2, 3, | |
| 2) any | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bl 6 of this schedule. | lock 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 in paper SA3 form. | structions | |
| • Comp | oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p | | |
| DSEs f | In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form. | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 023031 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | | | | ; | 023031 | Name |
|--|----------------|------------------|--------------|----------------------|--------------|--|--|----------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | OUP | 0 |
| COMMUNITY/ AREA | Ponca | City, Kay County | /, Tonkav | COMMUNITY/ ARE | | County | | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | KAUT | 1.00 | KOCB-3 | 1.00 | Base Rate Fee |
| | | | | KFOR | 0.25 | | | and |
| *************************************** | | | | KOCB | 1.00 | | | Syndicated |
| | | | | косо | 0.25 | | | Exclusivity |
| | | | | KOKH | 1.00 | | | Surcharge |
| | <mark></mark> | _ | | KOPX | 1.00 | | | for |
| | <u></u> | | | KSBI | 1.00 | | | Partially |
| | <u>.</u> | _ | | KWTV | 0.25 | <u> </u> | | Distant |
| | . | - | | KTBO | 1.00 | <u> </u> | ······ | Stations |
| | | | | KTUZ | 1.00 | <u> </u> | | |
| | - | | ··· | KWTV-2 | 0.25 | | ····· | |
| | - | | ··· | KOKH-2 | 0.25 1.00 | - | ····· | |
| | - | | | KUOK-CD | 1.00 | | ····· | |
| | | | •••••••••• | KOCB-2 | 1.00 | | ····· | |
| Total DSEs | | | 0.00 | Total DSEs | | | 12.00 | |
| Gross Receipts First G | roup | s 703 | 3,643.00 | Gross Receipts Sec | ond Group | \$ | 58,227.00 | |
| • | · | | , | | · | | | |
| Base Rate Fee First G | • | \$ | 0.00 | Base Rate Fee Sec | | \$ | 3,381.24 | |
| | THIRD | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | :A | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third C | Group | \$ | 0.00 | Gross Receipts Fou | ırth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fou | ırth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | 3,381.24 | |
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| CABLE ONE, INC | EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. 023031 | | | | | | | | |
|--|--|----------------|--|-----------------------|-----------|-----------------|-------|---------------------|--|
| В | LOCK A: (| COMPUTATION O | BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | | |
| | FIFTH | SUBSCRIBER GRO | UP | | | SUBSCRIBER GROU | UP | 9 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | _ | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of | |
| OALL GIGIN | DOL | OALL GIGIT | DOL | CALL GIGIN | DOL | OALL SIGIN | DOL | Base Rate Fee | |
| | | | | | | | ••••• | and | |
| | | | | | | | | Syndicated | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | | |
| | | | | | | | | | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | | |
| | SEVENTH | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | _ | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | | |
| | • | - | · - | | | | | | |
| Base Rate Fee: Add to Enter here and in bloc | | | criber group | as shown in the boxes | s above. | \$ | | | |

| CABLE ONE, INC. | R OF CABL | E SYSTEM: | | | | SY | STEM ID# 023031 | Name |
|--|-----------|-----------------|-------------|---------------------------------------|--|------------------|---|---------------------|
| BL | | | | ATE FEES FOR EACH | | | _ | |
| COMMUNITY/ AREA | NINTH | SUBSCRIBER GROU |)P 0 | COMMUNITY/ AREA | TENTH | SUBSCRIBER GROUI | 0 | 9 |
| | | I | | | T = == | П | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| EL | EVENTH | SUBSCRIBER GROU | JP | | TWELVTH | SUBSCRIBER GROUP | Р | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|---------------|-----------------|-------------|-----------------------|-------------|-------------------|---------------------|---------------------------|
| | | | | ATE FEES FOR EAC | | | | |
| | RTEENTH | SUBSCRIBER GROU | | 11 | | I SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | <u></u> | | | | <u></u> | | | and |
| | | | | | | | | Syndicated Exclusivity |
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| | <u></u> | | | | | | | |
| Total DSEs | | • | 0.00 | Total DSEs | · · | | 0.00 | |
| Gross Receipts First G | Froup | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| | FTEENTH | SUBSCRIBER GROU | | II | | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| | | | | П | | | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|-----------------------------------|-----------------|-------------|-----------------------|-------------|-------------------|---------------------|---------------------------|
| | | | | ATE FEES FOR EACH | | | | |
| | NTEENTH | SUBSCRIBER GROU | | TI . | | I SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | ! | 0.00 | Total DSEs | _ | | 0.00 | |
| Gross Receipts First 0 | -roup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Gross Neceipts First C | эгоир | 4 | 0.00 | Gloss Receipts Secon | iu Group | 4 | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | INTEENTH | SUBSCRIBER GROU | | II | | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Base Rate Fee Third Group \$ 0.00 | | | | h Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add t Enter here and in bloc | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|---|---------|-----------------------------------|--------------|-----------------------|-------------|--------------------------------|---------------------|-------------------|
| | | COMPUTATION OF SUBSCRIBER GROU | | ATE FEES FOR EACH | | RIBER GROUP SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge for |
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| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GROU | | II | | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | l Crous | • | 0.00 | Total DSEs | h Cro | • | 0.00 | |
| Gross Receipts Third | і Стоир | \$ | 0.00 | Gross Receipts Fourt | п Group | \$ | 0.00 | |
| sase Rate Fee Third Group \$ 0.00 | | | | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
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| | | | | ATE FEES FOR EACH | | | | |
| | NTY-FIFTH | SUBSCRIBER GROU | | II | | I SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | ! | 0.00 | Total DSEs | _ | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | SEVENTH | SUBSCRIBER GROU | | II | | I SUBSCRIBER GROU | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| | _ | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add to Enter here and in bloc | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|-------------|-----------------|----------------|-----------------------|-------------|-------------------|---------------------|-------------------|
| | | | | ATE FEES FOR EACH | | | | |
| TWEN COMMUNITY/ AREA | TY-NINTH | SUBSCRIBER GROU | JP 0 | COMMUNITY/ AREA | THIRTIETH | I SUBSCRIBER GROU | JP 0 | 9 |
| COMMONT IT AREA | | | | COMMONT IT AREA | | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | - | <u> </u> | | | Base Rate Fee and |
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| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | TY-FIRST | SUBSCRIBER GROU | | III | Y-SECONE | SUBSCRIBER GROU | JP - | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | 1 | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| | wp | <u>I</u> * | 3.00 | | . 0.044 | <u> *</u> | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|---|---------------|----------------|---------------|----------------------|-------------|----------------|---------------------|--------------------------|
| I | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| | | | <u></u> | | | | | Syndicated |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| • | · | | | | · | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| THI | RTY-FIFTH | SUBSCRIBER GRO | UP | Ti | HIRTY-SIXTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|------------------------|-----------|----------------|--------------|-----------------------|----------|-----------------|---------------------|--------------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| | SEVENTH | SUBSCRIBER GRO | | † | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | _ |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | l |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | 1 |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| THIR | TY-NINTH | SUBSCRIBER GRO | JP | | FORTIETH | SUBSCRIBER GROU | JP | l |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 1 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | 1 |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | 1 |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | İ |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | l |
| Base Rate Fee: Add to | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|---------------|-----------------|-------------|-----------------------|--------------|-----------------|---------------------|---------------------------|
| | | | | TE FEES FOR EACH | | | | |
| | | SUBSCRIBER GROU | | II | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | ! | 0.00 | Total DSEs | . | - | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
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| Base Rate Fee: Add Enter here and in bloo | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWN CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|---|-------------|----------------|--------------|-----------------------|------------|------------------|---------------------|--------------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | RTY-FIFTH | SUBSCRIBER GRO | | Ħ | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Gross Receipts First 0 | iroup | \$ | 0.00 | Gross Receipts Sec | and Group | \$ | 0.00 | |
| Cross resolpts river | лоцр | | | ll cross resolpts ess | ona Oroup | | | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FORTY- | SEVENTH | SUBSCRIBER GRO | UP | FOI | RTY-EIGHTH | I SUBSCRIBER GRO | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWN CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|----------------------------------|-------------|----------------|---------------|----------------------|-----------|------------------------------|---------------------|----------------------|
| | | COMPUTATION O | | ATE FEES FOR EAC | | IBER GROUP SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | Щ | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | FTY-FIRST | SUBSCRIBER GRO | | li | | SUBSCRIBER GRO | _ | |
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| Total DSEs | • | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t | | | criber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|---|------------|-----------------|--------------|-----------------------|-------------|------------------|---------------------|------------------|
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| COMMUNITY/ AREA | | SUBSCRIBER GROU | <u>0</u> | COMMUNITY/ AREA | | I SUBSCRIBER GRO | 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
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| Total DSEs | | | 0.00 | Total DSEs | | <u>-</u> | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| F | IFTY-FIFTH | SUBSCRIBER GROU | JP | F | IFTY-SIXTH | SUBSCRIBER GRO | JP | |
| COMMUNITY/ AREA | A | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Gross Receipts Third | л стоир | \$ | 0.00 | Gross Receipts Fourt | н Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|-------------|-----------------|-------------|-----------------------|--------------|-----------------|---------------------|---------------------------|
| | | | | ATE FEES FOR EACH | H SUBSCF | RIBER GROUP | | |
| | SEVENTH | SUBSCRIBER GROU | | 11 | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | ! | 0.00 | Total DSEs | | !! | 0.00 | |
| Gross Receipts First (| -roup | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Gross Receipts First C | эгоир | 4 | 0.00 | Gloss Necelpts Seco | na Group | \$ | 0.00 | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Second | nd Group | \$ | 0.00 | |
| | TY-NINTH | SUBSCRIBER GROU | | | | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| | | <u> </u> | 0.00 | | С.оир | <u> </u> * | 3.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNI | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|----------|-------------------------------|--------------|----------------------|-----------|------------------------------|---------------------|--------------------------|
| | | COMPUTATION OF SUBSCRIBER GRO | | ATE FEES FOR EAC | | IBER GROUP SUBSCRIBER GRO | UP | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | <u></u> | | | Base Rate Fee and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity Surcharge |
| | | | | | ···· | | | for |
| | | | | | | | | Partially |
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| T D | | | 0.00 | | | | 0.00 | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | iroup | \$ | 0.00 | Gross Receipts Sec | ona Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | TY-THIRD | SUBSCRIBER GRO | | ii . | | SUBSCRIBER GRO | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| T | | | 0.00 | | | | 0.00 | |
| Total DSEs | Omass: | • | 0.00 | Total DSEs | maths O | • | 0.00 | |
| Gross Receipts Third (| oroup | \$ | 0.00 | Gross Receipts Fou | ıın Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| | | | | Ш | | | | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|------------------------|-------------|-----------------|----------------|-----------------------|----------------|-------------------|---------------------|----------------------|
| | | | | ATE FEES FOR EACH | | | | |
| SIZ COMMUNITY/ AREA | XTY-FIFTH | SUBSCRIBER GROL | JP 0 | III | XTY-SIXTH | I SUBSCRIBER GROU | JP 0 | 9 |
| COMMUNITY/ AREA | | | U | COMMUNITY/ AREA | | | U | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | <u> </u> | | | Base Rate Fee |
| | <u></u> | | | | <u></u> | | | and Syndicated |
| | <u></u> | | | | <u> </u> | | | Exclusivity |
| | | | | | | | | Surcharge |
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| | | | | | <u></u> | | | Partially Distant |
| | | | | | | | | Stations |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| SIXTY | -SEVENTH | SUBSCRIBER GROU | JP | SIX | TY-EIGHTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | П | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
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| Enter here and in bloc | | | nber group | as shown in the boxes | adove. | \$ | | |

| LEGAL NAME OF OWN CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|----------------------------------|--------------|---------------------------------------|--------------|--------------------|------------|-----------------|---------------------|--------------------------|
| | | | | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | | SUBSCRIBER GRO | | 1 | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fe |
| | | - | | | | | | and |
| | | | <u></u> | | | | | Syndicated |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SEVE | NTY-FIRST | SUBSCRIBER GRO |)UP | SEVEN | ITY-SECONE | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | Ш | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | 1* | · · · · · · · · · · · · · · · · · · · | | | | <u></u> | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add | the base rat | te fees for each subs | | | | \$ | 0.00 | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|---|-------------|----------------|--|------------------------|--|----------------|---------------------|-------------------|
| | | | | ATE FEES FOR EAC | | | | |
| SEVE COMMUNITY/ AREA | | SUBSCRIBER GRO | UP 0 | SEVEN' COMMUNITY/ AREA | | SUBSCRIBER GRO | UP 0 | 9 |
| COMMUNITY AREA | | | | COMMUNITY AREA | ······································ | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| SEVE | NTY-FIFTH | SUBSCRIBER GRO | UP | SEVE | ENTY-SIXTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third Group \$ 0.00 | | | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|--------------|----------------|--|-----------------------|-----------|-----------------|---------------------|--------------------------|
| В | LOCK A: (| COMPUTATION O | BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| | SEVENTH | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ······ | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | l |
| Gross Receipts First C | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | İ |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Seco | and Group | \$ | 0.00 | |
| SEVEN | ITY-NINTH | SUBSCRIBER GRO | UP | | EIGHTIETH | SUBSCRIBER GROU | UP | l |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 0 | 1 |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | 1 |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | İ |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | l |
| Base Rate Fee: Add t Enter here and in bloc | | | criber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|---|-------------|-----------------|-------------|-----------------------|--------------|---|---------------------|---------------------------|
| | | | | TE FEES FOR EACH | | | | |
| | | SUBSCRIBER GROU | | III | Y-SECOND | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | <u></u> | | | and |
| | | | | | | | | Syndicated Exclusivity |
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| Total DSEs | | ! | 0.00 | Total DSEs | | -!-! | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Gross receipts rinst | Cloup | | 0.00 | Cross receipts eccor | и огоир | <u>*</u> | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GROU | | II | Y-FOURTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | I Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee Third Group \$ 0.00 | | | | Base Rate Fee Fourti | n Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|---|---------|-----------------|--|-----------------------|--|----------------|---------------------|----------------------|
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| | | SUBSCRIBER GRO | UP 0 | COMMUNITY/ AREA | | SUBSCRIBER GRO | UP 0 | 9 |
| COMMUNITY/ AREA | | | U | COMMUNITY AREA | ······································ | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Croup | • | 0.00 | Base Rate Fee Seco | and Croup | | 0.00 | |
| | | 01100001050 000 | | | | \$ | <u>,</u> | |
| COMMUNITY/ AREA | | SUBSCRIBER GRO | <u>0</u> | COMMUNITY/ AREA | | SUBSCRIBER GRO | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third Group \$ 0.00 | | | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|-----------------------|--------------|-----------------------|-------------|-----------------------|-------------|------------------|---------------------|-------------------|
| | | | | TE FEES FOR EAC | | | | |
| | | SUBSCRIBER GROU | | COMMUNITY/ AREA | | I SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| NIN | IETY-FIRST | SUBSCRIBER GROU | JP | NINET | Y-SECONE | SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | II | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | th Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add | the base rat | e fees for each subsc | riber groun | as shown in the boxes | above. | | | |
| Enter here and in blo | | | Q P | | | \$ | | |

| LEGAL NAME OF OWN CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|-------------|-----------------|----------------|-----------------------|----------------|-------------------|---------------------|----------------------|
| | | | | TE FEES FOR EACH | | | | |
| NINE COMMUNITY/ AREA | TY-THIRD | SUBSCRIBER GROU | JP 0 | ii — | Y-FOURTH | I SUBSCRIBER GROU | JP 0 | 9 |
| COMMUNITY AREA | | | U | COMMUNITY/ AREA | | | U | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | <u></u> | | | | | | | and Syndicated |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First C | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| NINE | ETY-FIFTH | SUBSCRIBER GROU | JP | NIN | ETY-SIXTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | П | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| | | | | | | | <u> </u> | |
| Base Rate Fee Third Group \$ 0.00 | | | | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|----------|----------------|----------------|-----------------------|-------------|-----------------|---------------------|---------------------|
| | | | | TE FEES FOR EAC | | | - | |
| NINETY-S COMMUNITY/ AREA | SEVENTH | SUBSCRIBER GRO | JP 0 | COMMUNITY/ AREA | | SUBSCRIBER GROU | JP 0 | 9 |
| | | П | | | | II | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of Base Rate Fee |
| | | | | | | | | and |
| | | - | | | ···· | | | Syndicated |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| NINE | TY-NINTH | SUBSCRIBER GRO | JP | ONE H | UNDREDTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | _ | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|-----------|-----------------|-------------|-----------------------|-------------|-------------------|---------------------|-------------------|
| | | | | ATE FEES FOR EACH | | | | |
| ONE HUNDS COMMUNITY/ AREA | | SUBSCRIBER GROU | | II | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | <u></u> | | | Base Rate Fee |
| | | | | | | | | and Syndicated |
| | | - | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | <u>.</u> | | | | <u></u> | | | for Partially |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Second | nd Group | \$ | 0.00 | |
| ONE HUNDR | RED THIRD | SUBSCRIBER GROU | JP | ONE HUNDRE | D FOURTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | II | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| | • | | | | • | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in blood | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|---------|----------------------------------|--------------|----------------------|-----------|------------------------------|---------------------|----------------------|
| | | COMPUTATION OF SUBSCRIBER GRO | | ATE FEES FOR EAC | | IBER GROUP SUBSCRIBER GRO | UP | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee and |
| | | | | | | | | Syndicated |
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| | | | | | | | 0.00 | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | iroup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | SEVENTH | SUBSCRIBER GRO | UP 0 | ii . | | SUBSCRIBER GROU | | |
| COMMUNITY/ AREA | | | U | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| , | • | | | | r | | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|---|----------|-----------------|----------------|-----------------------|----------|-------------------|---------------------|----------------------|
| | | | | ATE FEES FOR EACH | | | | |
| ONE HUNDI | | SUBSCRIBER GROU |)P 0 | ONE HUNDR | | I SUBSCRIBER GROU | JP 0 | 9 |
| | | | | | | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | - | <u>-</u> | | | Base Rate Fee and |
| | ···· | - | | | <u>-</u> | | | Syndicated |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| ONE HUNDRED | ELEVENTH | SUBSCRIBER GROU | JP | ONE HUNDRED | TWELVTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | l Croup | ¢ | 0.00 | | n Croup | ¢ | 0.00 | |
| Gross Receipts Third | i Gioup | <u>\$</u> | 0.00 | Gross Receipts Fourth | i Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fourth | า Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|---|-----------------|-------------|---------------------------------------|-----------|--|---------------------|-------------------|
| | | | | TE FEES FOR EACH | | | | = |
| ONE HUNDRED THI COMMUNITY/ AREA | RTEENTH | SUBSCRIBER GROL | <u>IP</u> 0 | ONE HUNDRED FOR COMMUNITY AREA | | SUBSCRIBER GROU | JP 0 | 9 |
| COMMUNITY AREA | | | | COMMUNITY AREA | | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | <u></u> | - | | Base Rate Fee |
| | ··· | | | | <u></u> | | | and Syndicated |
| | | | | | | | | Exclusivity |
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| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| ONE HUNDRED F | IFTEENTH | SUBSCRIBER GROL | IP | ONE HUNDRED S | SIXTEENTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourth | า Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourti | n Group | \$ | 0.00 | |
| | - · • • • • • • • • • • • • • • • • • • | [▼ | 0.00 | | | <u></u> | 3.00 | |
| Base Rate Fee: Add to Enter here and in bloc | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|-----------|----------------|--|-----------------------|-----------|-------------------|---------------------|---------------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| ONE HUNDRED SEVE | NTEENTH | SUBSCRIBER GRO | JP | ONE HUNDRED E | IGHTEENTH | I SUBSCRIBER GROU | JP | ٥ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | <u></u> | | <u>.</u> | | | | | and |
| | <u></u> | | <u>.</u> | | | | | Syndicated Exclusivity |
| | <u></u> | | <u>-</u> | | | | | Surcharge |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED NI | NTEENTH | SUBSCRIBER GRO | JP | ONE HUNDRED | TWENTIETH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | A | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third C | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, IN | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|---|-------------|------------------|--------------|-----------------------|------------|--------------------|---------------------|--------------------------|
| | BLOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| | | SUBSCRIBER GROU | | TI . | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | t Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| ONE HUNDRED TW | /ENTY-THIRD | SUBSCRIBER GROUP | 1 | ONE HUNDRED TWEN | ITY-FOURTH | I SUBSCRIBER GROUF |) | |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|-------------|-----------------|---------------|----------------------|-----------|------------------|---------------------|----------------------|
| В | SLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | NTY-FIFTH | SUBSCRIBER GROU | | †† | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | | | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First 0 | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NE HUNDRED TWENT | /-SEVENTH | SUBSCRIBER GROU | | ii e | | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloo | | | scriber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|-------------------------|------------|------------------|-------------|----------------------|------------|------------------|---------------------|----------------------|
| BI | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| ONE HUNDRED TWEN | | | | II | | SUBSCRIBER GROUP |) | ^ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| OF TEE CICIT | DOL | OTTLE CICIT | BOL | O/ IEE OF OF I | DOL | O/ILL GIGIT | BOL | Base Rate Fee |
| | | | | | | - | | and |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED THII | RTY-FIRST | SUBSCRIBER GROUP | | ONE HUNDRED THI | RTY-SECOND | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
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| Gross Receipts Third C | эι ∪up | Ψ | 0.00 | Gross Receipts Fou | rai Gioup | \$ | 0.00 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add th | | | riber group | as shown in the boxe | s above. | | | |
| Enter here and in block | 3, line 1, | space L (page 7) | | | | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|------------|-----------------|---------------|----------------------|-----------|--------------------|---------------------|----------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | RTY-THIRD | SUBSCRIBER GROU | | | | H SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | - | 0.00 | Total DSEs | <u> </u> | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | IRTY-FIFTH | SUBSCRIBER GROU | | H | | SUBSCRIBER GROUP |) | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | scriber group | as shown in the boxe | es above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|---|--|------------------|-------------|-----------------------|----------------|-------------------|---------------------|---------------------------|
| | | | | TE FEES FOR EACH | | | | |
| | | SUBSCRIBER GROUP | | H | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | ······································ | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Total DSEs | ! | ! | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | | \$ | 0.00 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fourti | n Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWN CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|---|-----------|-----------------|--------------|----------------------|-----------|------------------|---------------------|----------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| | RTY-FIRST | SUBSCRIBER GROU | | | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | Computation |
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| Gross Receipts First 0 | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Proup | \$ | 0.00 | Base Rate Fee Sec | and Group | \$ | 0.00 | |
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| ONE HUNDRED FO COMMUNITY/ AREA | RTY-THIRD | SUBSCRIBER GROU | 0 | ONE HUNDRED FO | | SUBSCRIBER GROUP | 0 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNE CABLE ONE, INC. | R OF CABL | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
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| BL | OCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EAC | | | | |
| | RTY-FIFTH | SUBSCRIBER GROUP | | | | SUBSCRIBER GROUP |) | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 0 | _ |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | oup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED FORTY- | SEVENTH | SUBSCRIBER GROUP | 1 | ONE HUNDRED FO | RTY-EIGHTH | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | |
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| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Foul | th Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add th Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|---------------|----------------|--|-----------------------|------------|-------------------|---------------------|---------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| ONE HUNDRED FOR | TY-NINTH | SUBSCRIBER GRO | UP | ONE HUNDRE | D FIFTIETH | I SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Base Rate Fee First G | iroup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED FIF | TY-FIRST | SUBSCRIBER GRO | UP | ONE HUNDRED FIF | TY-SECONE | SUBSCRIBER GROU | JP | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Third C | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
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| COMMUNITY/ AREA | | SUBSCRIBER GROU | 0 | COMMUNITY/ AREA | | I SUBSCRIBER GRO | 0 0 | 9 |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
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| Gross Receipts Third | I Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Second | nd Group | \$ | 0.00 | |
| ONE HUNDRED | FIFTY-NINTH | SUBSCRIBER GROUP | | ONE HUNDRI | ED SIXTIETH | H SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | A | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
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| COMMUNITY/ AREA | Ponca | City, Kay County | , Tonka | COMMUNITY/ AREA | Osage (| County | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Gross Receipts First Gr | roup. | ¢ 703 | 643.00 | Gross Receipts Seco | and Croup | • | 58,227.00 | |
| iloss Receipts Filst Gi | oup | \$ 703, | 643.00 | Gross Receipts Seco | ona Group | \$ | 56,227.00 | |
| ase Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Seco | and Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GROU | JP | | FOURTH | SUBSCRIBER GROU | JP | |
| OMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ١ | | 0 | |
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| | ID. | | | TE FEES FOR EACH | | | | BL |
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| Computa | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | | |
| 3ase Rate Fee First G | oup | \$ | 0.00 | Base Rate Fee Secon | | | | | |
| THIR | RTY-FIFTH SUBSCRIBER GROUP | | | THIF | | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | | |
| | | | | | | | | | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | | |
| | | | criber group | as shown in the boxes | above. | \$ | | | |

| 0 Computation of | SUBSCRIBER GROU | Y-EIGHTH | TE FEES FOR EACH THIR COMMUNITY/ AREA | | COMPUTATION OF SUBSCRIBER GRO | | |
|---|-----------------|----------|---------------------------------------|----------------|----------------------------------|----------------|-------------------------|
| 0 Computation OSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant | | | | UP | SUBSCRIBER GRO | | |
| Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant | | | COMMUNITY/ AREA | | | SEVENIA | |
| Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant | | | | 0 | | | COMMUNITY/ AREA |
| and Syndicated Exclusivity Surcharge for Partially Distant | | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Syndicated Exclusivity Surcharge for Partially Distant | | | | | | | |
| Exclusivity Surcharge for Partially Distant | | | | | | <u>.</u> | |
| Surcharge for Partially Distant | | | | | | | |
| for Partially Distant | | | | | | <mark>.</mark> | |
| Partially Distant | | | ••••••• | | | | |
| Distant | | | | · | | <u>.</u> | |
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| Stations | | | | · | | | |
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| 0.00 | | • | Total DSEs | 0.00 | | | Total DSEs |
| 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | roup | Gross Receipts First Gr |
| 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First Gr |
| UP | SUBSCRIBER GROU | FORTIETH | | UP | SUBSCRIBER GRO | TY-NINTH | THIRT |
| O | COMMUNITY/ AREA | | | | | | COMMUNITY/ AREA |
| DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| 0.00 | | 1 | Total DSEs | 0.00 | | | Total DSEs |
| 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | Group | Gross Receipts Third G |
| 0.00 | \$ | Group | Base Rate Fee Fourth | 0.00 | \$ | Group | Base Rate Fee Third G |

| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|------------------------------------|----------|----------------------|--------------|-----------------------|---------------|----------------|---------------------|------------------|
| | | | | TE FEES FOR EACH | | | | |
| | TY-FIRST | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | · | | ···· | | | | <u> </u> | Exclusivity |
| | | | | | | | | Surcharge for |
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| Total DCCa | | | 0.00 | Total DCFs | | П | 0.00 | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| FOR ⁻ | TY-THIRD | SUBSCRIBER GRO | UP | FORT | | | | |
| COMMUNITY/ AREA | | | | | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Fourth | h Group | \$ | 0.00 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourti | h Group | \$ | 0.00 | |
| | · | 1 | | | • | - | | |
| | | e fees for each subs | criber group | as shown in the boxes | above. | \$ | | |

| | ID | IBER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | | COMPUTATION OF SUBSCRIBER GRO | | |
|---------------------|-------------------------------|-------------------------------|---------|----------------------------------|------|-------------------------------|-----------------------|-------------------------------------|
| 9 | 0 | JUBSCRIBER GROC | | COMMUNITY/ AREA | 0 | SUBSCRIBER GROU | | COMMUNITY/ AREA |
| Computati | | II OALL GION | DOE | OALL CION | DOE | L CALL CION | I DOE I | |
| of Base Rate | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| and | | | | | | | <u>-</u> | |
| Syndicate | | | | | | | | |
| Exclusivi | | | | | | | | |
| Surcharg | | | | | | | | |
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| Distant Stations | | | | | | | <u></u> | |
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| | 0.00 | | | Total DSEs | 0.00 | | | otal DSEs |
| | \$ 0.00 | | | | | | ross Receipts First G | |
| | | <u>*</u> | u 0.0up | Cross rassiple cossi. | | <u>-</u> | | . 000 . 1000.pto |
| | 0.00 | \$ | d Group | Base Rate Fee Second | 0.00 | \$ | roup | ase Rate Fee First G |
| | FORTY-EIGHTH SUBSCRIBER GROUP | | | | JP | SUBSCRIBER GRO | SEVENTH | FORTY- |
| | COMMUNITY/ AREA 0 | | | 0 | | COMMUNITY/ AREA | | |
| | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| | 0.00 | \$ | Group | Total DSEs Gross Receipts Fourth | 0.00 | \$ | Group | otal DSEs iross Receipts Third C |

| Name | O23031 | Sì | | | | LE SYSTEM: | R OF CABL | CABLE ONE, INC. | |
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| | | | | TE FEES FOR EACH | | | | | |
| 9 | 0 | SUBSCRIBER GROU | FIFTIETH | COMMUNITY/ AREA | JP 0 | SUBSCRIBER GRO | Y-NINTH | FORT COMMUNITY/ AREA | |
| Computation | DOE | CALL CICAL | DOE | CALL CICAL | DOE | CALL SIGN | DOE | CALL CICAL | |
| of Base Rate F | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
| and | <u></u> | | | | | | | | |
| Syndicate | | | | | | | | | |
| Exclusivit | | | | | | | | | |
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| | 0.00 | | • | Total DSEs | 0.00 | | | Total DSEs | |
| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | roup | Gross Receipts First Gr | |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | oup | 3ase Rate Fee First Gr | |
| | Р | SUBSCRIBER GROU | '-SECOND | FIFTY | JP | FIFTY-FIRST SUBSCRIBER GROUP | | | |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
| | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
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| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs | |
| | 0.00 | | Group | | | | Group | | |
| | | \$ | Group | Total DSEs Gross Receipts Fourth | 0.00 | \$ | Group | Total DSEs Gross Receipts Third G | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABI | LE SYSTEM: | | | | S | O23031 | Name |
|---|-----------|-----------------|-------|---|----------------|-------------------|----------|------------------|
| | | | | TE FEES FOR EACH | | | | |
| FIFT | Y-THIRD | SUBSCRIBER GROU | | FIFT | Y-FOURTH | I SUBSCRIBER GROU | Р | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | - | | | | | | Syndicated |
| | | | | | | | <u></u> | Exclusivity |
| | | - | | | | | <u></u> | Surcharge |
| | | | | | | | <u></u> | for Partially |
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| Total DSEs | | | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| FIFT | Y-FIFTH | SUBSCRIBER GROU | JP | FII | | | | |
| COMMUNITY/ AREA | | | | | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
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| | | _ | 0.00 | 110 | _ | _ | | |
| | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Gross Receipts Third G Base Rate Fee Third G | · | \$ | 0.00 | Gross Receipts Fourth Base Rate Fee Fourth | | \$ | 0.00 | |

| Name 9 | YSTEM ID# 023031 | S | | | · | LE SYSTEM: | | LEGAL NAME OF OWNE CABLE ONE, INC. |
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| | | | | TE FEES FOR EACH | | | | |
| ۵ | | SUBSCRIBER GROU | Y-EIGHTH | | | SUBSCRIBER GRO | SEVENTH | |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate Fe | | | | | | | | |
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| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs |
| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | roup | Gross Receipts First Gr |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | roup | 3ase Rate Fee First Gr |
| | IP | SUBSCRIBER GROU | SIXTIETH | | JP | SUBSCRIBER GRO | ΓΥ-NINTH | FIFT |
| | | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| | | | | Total DSEs | 0.00 | | | Total DSEs |
| | 0.00 | | | | | | | |
| | 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | Group | Gross Receipts Third G |

| 0 Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant | SUBSCRIBER GROUI | | TE FEES FOR EACH | | COMPUTATION OF | OCK A: (| RI | |
|--|------------------|----------|-----------------------|----------|-----------------|-------------------------------|------------------------------|--|
| Computation DSE of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially | | -SECOND | SIXTY | | | | | |
| Computation DSE of Base Rate Fer and Syndicated Exclusivity Surcharge for Partially | | | | | SUBSCRIBER GROU | TY-FIRST | | |
| Base Rate Fee and Syndicated Exclusivity Surcharge for Partially | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
| Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
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| Exclusivity Surcharge for Partially | | | | | | <mark>.</mark> | | |
| Surcharge for Partially | | | | | | <mark>.</mark> | | |
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| 0.00 | ··· | | Total DSEs | 0.00 | | | Total DSEs | |
| 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | roup | Gross Receipts First G | |
| 0.00 | \$ | l Group | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First G | |
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| | SUBSCRIBER GROUI | -FOURTH | | | SUBSCRIBER GROU | SIXTY-THIRD S OMMUNITY/ AREA | | |
| | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
| DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
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| 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | Group | Gross Receipts Third G | |
| 0.00 | \$ | Group | Base Rate Fee Fourth | 0.00 | \$ | Group | Base Rate Fee Third G | |

| Name | YSTEM ID# 023031 | S' | | | . | LE SYSTEM: | | LEGAL NAME OF OWNE CABLE ONE, INC. |
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| | | | | TE FEES FOR EACH | | | | |
| 9 | JP | SUBSCRIBER GROU | TY-SIXTH | SIX | | SUBSCRIBER GRO | TY-FIFTH | SIX |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate Fe | | | | | | | | |
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| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs |
| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | roup | Gross Receipts First Gr |
| | 0.00 | \$ | d Group | Base Rate Fee Second | 0.00 | \$ | roup | Base Rate Fee First Gr |
| | JP | SUBSCRIBER GROU | Y-EIGHTH | SIXT | JP | SUBSCRIBER GRO | SEVENTH | SIXTY-S |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs |
| | 0.00 | | | | | | | |
| | 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | Group | Gross Receipts Third G |

| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 023031 | Name |
|--|-------------------|----------------|---|-----------------------|---|------------------|---------------------|--|
| | | | | TE FEES FOR EACH | | | | |
| SIX | TY-NINTH | SUBSCRIBER GRO | | SE | VENTIETH | I SUBSCRIBER GRO | JP | ۵ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation SE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations |
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| Total DSEs | <u> </u> | | 0.00 | Total DSEs | | | | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| SEVEN | TY-FIRST | SUBSCRIBER GRO | UP | SEVENT | Y-SECONE | SUBSCRIBER GRO | JP | |
| COMMUNITY/ AREA | | 0 | | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Base Rate Fee: Add th Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

| BSCRIBER GROUP 0 CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 | SUBSCRIBER GROU | | TE FEES FOR EACH | | LE SYSTEM. | R OF CABL | CABLE ONE, INC. |
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| CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 BSCRIBER GROUP 0 | | Y-FOURTH | | BASE RA | COMPUTATION OF | LOCK A: (| BL |
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| and Syndicated Exclusivity Surcharge for Partially Distant | | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| 0.00 | \$ | Group | Base Rate Fee Fourth | 0.00 | \$ | Group | Base Rate Fee Third G |

| # Name | 023031 | | | | | | R OF CABL | CABLE ONE, INC. |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| NINE | TY-FIFTH | SUBSCRIBER GRO | UP | NINI | | | | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add th Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

| O Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge | IBER GROUP SUBSCRIBER GROUP | | TE FEES FOR EACH | BASE RA | COMPLITATION OF | 001/ 4 / | |
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| Computation DSE of Base Rate Fee and Syndicated Exclusivity | SUBSCRIBER GROUP | Y-EIGHTH | | | | | |
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| Base Rate Fee and Syndicated Exclusivity | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| and Syndicated Exclusivity | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Syndicated Exclusivity | | | | | | | |
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| 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | Group | Gross Receipts Third G |
| 0.00 | \$ | Group | Base Rate Fee Fourth | 0.00 | \$ | Group | Base Rate Fee Third G |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | | |
|-------------------|---|-----------------|---------|-----------------------|--------------|-----------------|----------|-------------------------|--|
| | | | | | | | | | |
| 0 | JP | SUBSCRIBER GROU | SECOND | ONE HUNDRED | JP | SUBSCRIBER GROU | ED FIRST | ONE HUNDRE | |
| 9 Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
| Base Rate Fe | | | | | | | | | |
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| | 0.00 | \$ | d Group | Base Rate Fee Second | 0.00 | \$ | oup | Base Rate Fee First Gr | |
| _ | JP | SUBSCRIBER GROU | FOURTH | ONE HUNDRED | JP | SUBSCRIBER GROU | D THIRD | ONE HUNDRE | |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
| 1 | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
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| | 0.00 | <u>\$</u> | Group | Gross Receipts Fourth | | <u>-</u> | лоир | Croco recoupte rima C | |

| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | • | | | S | YSTEM ID# 023031 | Name |
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| BI | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| | ED FIFTH | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | • | | 0.00 | Total DSEs | • | | | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Secor | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| ONE HUNDRED | SEVENTH | SUBSCRIBER GRO | UP | ONE HUNDRE | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | • | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Froup \$ 0.00 Gross | \$ 0.00 Gross \$ 0.00 Base to the fees for each subscriber group as shown | 0.00 Gross 0.00 Base | Gross Base | Receipts Fourth | n Group | \$ \$ | 0.00 | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABL | LE SYSTEM: | _ | | | S | O23031 | Name |
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| BL | OCK A: 0 | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| ONE HUNDRE | D NINTH | SUBSCRIBER GROU | JP | ONE HUNDRI | ED TENTH | SUBSCRIBER GROU | IP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED EL | EVENTH | SUBSCRIBER GROU | JP | ONE HUNDRED | | | | |
| COMMUNITY/ AREA | | 0 | | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | <u> </u> | | 0.00 | Total DSEs | 1 | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| • | e base rat | | | Base Rate Fee Fourth | | \$ | 0.00 | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | | |
|---|------------------|----------|-----------------------|---------|-----------------|----------------|----------------------|--|
| BLOCK A: | COMPUTATION OF E | BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | | |
| E HUNDRED THIRTEENTH | SUBSCRIBER GROUP | · | ONE HUNDRED FOU | RTEENTH | SUBSCRIBER GROU | Р | 0 | |
| MUNITY/ AREA | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation | |
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| I DSEs | | 0.00 | Total DSEs | | | 0.00 | | |
| s Receipts First Group | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | | |
| e Rate Fee First Group | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | | |
| NE HUNDRED FIFTEENTH | SUBSCRIBER GROUP | 0 | ONE HUNDRED SI | XTEENTH | SUBSCRIBER GROU | Р | | |
| MUNITY/ AREA | | 0 | COMMUNITY/ AREA | | | 0 | | |
| LL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
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| s Receipts Third Group | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | | |
| e Rate Fee Third Group | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | | |
| \$ 0.00 | | <u> </u> | Gross Receipts Fourth | | \$ | 0.00 | | |

| | YSTEM ID# 023031 | S' | | | | LE SYSTEM: | | CABLE ONE, INC. |
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| | | IBER GROUP | SUBSCR | TE FEES FOR EACH | BASE RA | COMPUTATION O | OCK A: (| BL |
| | | SUBSCRIBER GROUP | GHTEENTH | ONE HUNDRED E |) | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED SEVE |
| 9 Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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|] | JP | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP | SUBSCRIBER GRO | NTEENTH | ONE HUNDRED NIN |
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| LEGAL NAME OF OWNE CABLE ONE, INC. | R OF CABI | LE SYSTEM: | | | | S | 023031 | Name |
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| BL | OCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| ONE HUNDRED TWEN | TY-FIRST | SUBSCRIBER GROUP |) | ONE HUNDRED TWE | NTY-SECONE | SUBSCRIBER GROUP |) | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs 0.00 | | | | |
| Gross Receipts First Gr | oup | \$ 0.00 | | Gross Receipts Second Group \$ 0.00 | | | | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| ONE HUNDRED TWEN | TY-THIRD | SUBSCRIBER GROUP | | ii - | | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

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| Computati | U | | | COMMUNITY/ AREA | U | | | JOMMUNITY/ AREA |
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| | , | 30B3CKBER GROOT | ITY-EIGHTH | ONE HUNDRED TWEN | | SUBSCRIBER GROUP | -SEVENTH | E HUNDRED TWENTY |
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| | DSE | CALL SIGN | DSE | | | SUBSCRIBER GROUF | DSE | OMMUNITY/ AREA |
| | 0 | | | COMMUNITY/ AREA | 0 | | | OMMUNITY/ AREA |
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| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABL | LE SYSTEM: | | | | S' | YSTEM ID# 023031 | Name |
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| BL | OCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| ONE HUNDRED TWEN | TY-NINTH | SUBSCRIBER GROUP |) | ONE HUNDRED | THIRTIETH | SUBSCRIBER GROUP | | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | 1 | Ш | 0.00 | |
| Gross Receipts First Gr | oup | \$ 0.00 | | Gross Receipts Second Group \$ 0.00 | | | | |
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| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| ONE HUNDRED THIR | TY-FIRST | SUBSCRIBER GROUP |) | ONE HUNDRED THIRT | | | | |
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| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| | | | | | | | $\neg \neg $ | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

| Name | O23031 | S | | | | LE SYSTEM: | | LEGAL NAME OF OWNE CABLE ONE, INC. |
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| 9 | _ | SUBSCRIBER GROUP | TY-FOURTH | ONE HUNDRED THIRT | | SUBSCRIBER GROUP | RTY-THIRD | ONE HUNDRED THIR |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Base Rate F | | | | | | | | |
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| | IP | SUBSCRIBER GROU | RTY-SIXTH | ONE HUNDRED THIS | JP | SUBSCRIBER GRO | TY-FIFTH | ONE HUNDRED THIR |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs |
| | 0.00 | | Group | | 0.00 | | Group | |
| | _ | \$ | Group | Total DSEs Gross Receipts Fourth | | \$ | Group | Total DSEs Gross Receipts Third G |

| | RTY-EIGHTH | | | | | BL | |
|--|---------------|----------------------|-------|--------------------------------------|------------|------------------------------|--|
| DSE CALL SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for | | | | OLIDOODIDED ODOLIE | | | |
| Computation DSE CALL SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for | | COMMUNITY/ ADEA | | SUBSCRIBER GROUP | -SEVENTH | ONE HUNDRED THIRTY- | |
| DSE CALL SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for | | | 0 | | | COMMUNITY/ AREA | |
| and Syndicated Exclusivity Surcharge for | 1 | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
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| 0.00 | | Total DSEs | 0.00 | | <u> </u> | Total DSEs | |
| nd Group \$ 0.00 | nd Group | Gross Receipts Secon | 0.00 | | roup | Gross Receipts First Gr | |
| nd Group \$ 0.00 | nd Group | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First Gr | |
| FORTIETH SUBSCRIBER GROUP | FORTIETH | ONE HUNDRED | JP | UNDRED THIRTY-NINTH SUBSCRIBER GROUP | | | |
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| DSE CALL SIGN DSE | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
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| 0.00 | | Total DSEs | 0.00 | | | Total DSEs | |
| h Group \$ 0.00 | h Group | Gross Receipts Fourt | 0.00 | \$ | Group | Gross Receipts Third G | |
| h Group \$ 0.00 | h Group | Base Rate Fee Fourt | 0.00 | \$ | Group | Base Rate Fee Third G | |

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| 9 | 0 | SUBSCRIBER GROUP | Y-SECOND | ONE HUNDRED FORT | 0 | SUBSCRIBER GROUP | RTY-FIRST | ONE HUNDRED FOR COMMUNITY/ AREA |
| Computati | | | | COMMONTI IT AREA | | | | COMMONITI / AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate | | | | | | | | |
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| Syndicate Exclusivi | | | | | | | | |
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| | 0.00 | \$ | | Base Rate Fee Second | 0.00 | \$ | roup | ase Rate Fee First G |
| | _ | SUBSCRIBER GROUP | Y-FOURTH | | | SUBSCRIBER GROUP | RTY-THIRD | |
| | COMMUNITY/ AREA | | | 0 | | | OMMUNITY/ AREA | |
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| | 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | Group | Gross Receipts Third G |
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| Name | 7STEM ID# 023031 | S | | | | LE SYSTEM: | | LEGAL NAME OF OWNE CABLE ONE, INC. |
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| | | IBER GROUP | SUBSCRI | TE FEES FOR EACH | | | | |
| 9 | | SUBSCRIBER GROUP | RTY-SIXTH | | | SUBSCRIBER GROUP | RTY-FIFTH | |
| Computation | | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate F | | | | | | | | |
| and | | | | | | | | |
| Syndicate | | | | | | | | |
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| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs |
| | Gross Receipts Second Group \$ 0.00 | | \$ 0.00 | | roup | Gross Receipts First Gr | | |
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| | 0.00 | \$ | l Group | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First Gr |
| | | SUBSCRIBER GROUP | ΓΥ-EIGHTH | ONE HUNDRED FOR | | SUBSCRIBER GROUF | -SEVENTH | ONE HUNDRED FORTY- |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031 | | | | | | | Name | | |
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| ONE HUNDRED FORT | Y-NINTH | SUBSCRIBER GROU | JP | ONE HUNDRED | FIFTIETH | SUBSCRIBER GROU | IP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 9 Computation | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
| | | | | | | | | Base Rate Fee | |
| | | - | | | | | | and | |
| | | | | | | | | Syndicated | |
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| Total DSEs | | | 0.00 | Total DSEs | ļ | | 0.00 | | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | | |
| ONE HUNDRED FIF | TY-FIRST | SUBSCRIBER GROU | JP | ONE HUNDRED FIFTY | '-SECOND | SUBSCRIBER GROU | IP | | |
| COMMUNITY/ AREA | | | 0 COM | | O COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | <u> </u> | | 0.00 | Total DSEs | 1 | | 0.00 | | |
| | roup | • | | | Crou | • | 0.00 | | |
| Gross Receipts Third G | ιουρ | \$ | 0.00 | Gross Receipts Fourth | Group | <u></u> | 0.00 | | |
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| 1 | e base rat | | | as shown in the boxes a | · | \$ | 0.00 | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031 | | | | | | | Name | |
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| | | | | TE FEES FOR EACH | | | | 9 |
| ONE HUNDRED FIFT | Y-THIRD | SUBSCRIBER GROU | | ONE HUNDRED FIFTY | /-FOURTH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Computation | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | - | <u></u> | and |
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| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| ONE HUNDRED FIF | TY-FIFTH | SUBSCRIBER GROU | JP | ONE HUNDRED FIF | TY-SIXTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | 1 | | 0.00 | Total DSEs | 1 | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| е | base rat | | | Base Rate Fee Fourth | · | \$ | 0.00 | |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031 | | | | | | | |
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| | | IBER GROUP | SUBSCR | TE FEES FOR EACH | | | | |
| 0 | | SUBSCRIBER GROUP | TY-EIGHTH | ONE HUNDRED FIF | | SUBSCRIBER GROU | -SEVENTH | ONE HUNDRED FIFTY- |
| 9 Computation | COMMUNITY/ AREA 0 | | | | | | | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate Fe | | | | | | | | |
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| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | roup | Gross Receipts First Gr |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First Gr |
| | JP | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP | SUBSCRIBER GRO | TY-NINTH | ONE HUNDRED FIFT |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023031 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023031 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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