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
02/25/2019	\$ 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	2018/2				
Period					
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting conducts the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of the counting perioa	em the accounting period should s		30322
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Blue Ridge Cable Technologies Inc				
	Blue Ridge Communications				
				30322	20182
				30322	2018/2
	PO Box 215				
	Palmerton, Pa 18071				
	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syste	em unless th	nese
С	names already appear in space B. In line 2, give the mailing address of				
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	MAILING ADDRESS OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or suite number)				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page	1b
Area	with all communities.	omy are not com		or on page	
Served	CITY OR TOWN	STATE			
First	NEWBERRY TOWNSHIP	PA			
Community	Below is a sample for reporting communities if you report multiple cha	annel 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.

FORM SA3E. PAGE 1b.			Account	114G FEMOD: 2016/2				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Blue Ridge Cable Technologies Inc			30322					
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 hombelow the identified city or town.	e parks should be	e reported in pare	ntheses					
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. If levant community	you report any st with a subscriber	ations group,					
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
NEWBERRY TOWNSHIP	PA	AA		First				
CARROLL TOWNSHIP	PA	AA		Community				
CENTRE TOWNSHIP	PA	AA						
DUNCANNON	PA	AA						
FAIRVIEW TOWNSHIP	PA	AA						
LEWISBERRY	PA	AA		See instructions for				
MILLER TOWNSHIP	PA	AA		additional information on alphabetization.				
NEW BUFFALO PENN TOWNSHIP	PA PA	AA AA		on diphasedzadion.				
REED TOWNSHIP	PA PA	AA AA						
RYE TOWNSHIP	PA	AA						
WARRINGTON TOWNSHIP	PA	AA		Add rows as necessary.				
WATTS TOWNSHIP	PA	AA						
WELLSVILLE	PA	AA						
WHEATFIELD TOWNSHIP	PA	AA						
	•••••							

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Blue Ridge Cable Technologies Inc

30322

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOC	K 2		
04750000 05 050005	NO. OF	DATE		NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	6,191	\$24.66/Mth			
 Service to additional set(s) 	11,159	\$.50/Mth			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	78	\$24.66/Mth			
Converter					
Residential					
Non-residential					
		1			†

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	\$16.95/Mth	Motel, hotel		
 Pay cable—add'l channel 	\$13.00/Mth	Commercial		
Fire protection		Pay cable		
 Burglar protection 		 Pay cable-add'l channel 		
Installation: Residential		Fire protection		
First set	\$ 49.95	Burglar protection		
 Additional set(s) 		Other services:		
 FM radio (if separate rate) 		Reconnect	\$ 49.95	
Converter		Disconnect		
		Outlet relocation		
		 Move to new address 		

Blue Ridge Cable Technologies Inc 30322	FORM SA3E. PAGE	3.					
PRIMARY TRANSWITTERS: 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-line basis under PCC. I clear and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,56(lc)(2) and (4)); 76.61(e)(2) and (4)); and (2) retain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific PCC rules, regulations, or authorizations: 1. both total time that other in inspace I, if the station was carried by your cable system on a substitute program basis under specific PCC rules, regulations, or authorizations: 1. bits 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 pager SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identity each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WRETA-2" Simulcast streams must be reported in column 1 (list each stream separately; for example. WRETA-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, WRE is channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station of such decidational, or "Early" (for necessary). "In other with the station of such and the station of license in the station of the station of the station of the station of license in the station of license in the station of license						SYSTEM ID#	Namo
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-line basis under RCC rules and regulations in effect on June 24, 1815, permitting the carriage of certain network programs (sections 76.59.6()2) and (4), 76.51(e)(2) and (4)), and (2) certain network programs (sections as a station to the carried only on a substitute brasis and sales on some other basis context period only 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 pager 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-head air designation. For example, report multi-cast 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 its station of its community of its stat	Blue Ridge C	Cable Technol	ogies Inc			30322	
Greated by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and requisitions in effect on June 24, 1981 permitting the carriage of carrian network programs [sections 76,594(Q)] and (4), 76.61 (e)(2) and (4), 76.61 (e)(2) and (4), 76.63 (referring to 76.61 (e)(2) and (4))); and (2) certain stations carried on a substitute Passis Stations: With respect to any distant stations carried by your cable system on a substitute program basis and explaintion in the next part of the station was carried only on a substitute basis station was carried only on a substitute basis but passis profer program basis and also provided in the pager SA3 form. Column 1: 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 was carried only on a substitute basis station as well as the pager SA3 form. Column 2: List the station station station as possible to be self-to 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 pager SA3 form. Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the community of license. For example, WRC is Channel 4 in Washington, Dc. 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 entiring the letter 1" (for network), "N-M" (for network multicast), "for for hepredent), "I-M" (for independent multicast), "E" (for network), "N-M" (for network), "I-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 5: If you have entered "Yes" i							
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, life 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 page FSA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. lentify 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-3 included). 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, WETC 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), "r" (for independent), "I-M" (for independent multicast), "E (for noncommercial educational station, by entering the letter 'N' (for network) and the page SA3 form. Column 3: Indicate in each case whether the station is included by entering "LAC" (For nexample and the distant station on a part-time basis because of lack of activated channel capacity. For the meaning of these terms, see page (v) of the general instructions located in the pager SA3 form. Column 5: Indicate in each case with the station of the page SA3 form. Column 6: Give the location of each station, F	carried by your cab FCC rules and regu	le system during t ulations in effect or	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrine carriage of cer	ed only on a part-time basis under tain network programs [sections	
pasis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list 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 seach multicast stream associated with a station according to its over-the-air designation. For example, report multi-each transplant of the station is community of license. For example, WRC TA-Simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the 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 deducational station, by entering the letter "Ni (for network, "NAM" (for network multicast), "I for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational multicast), "E" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), "For an ex-blanation of close 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 ecounting period. Indicate by entering "LAC" if your cable system carried the distant multicast since on the paper SA3 form. Column 6: Give the location of a distant multicast stream that is not subject to a royally payment	substitute program	basis, as explaine	d in the next	paragraph.			Transmitters:
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 such multicast stream as Sociated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately, for example wetter as community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel so community of license. For example, wRC is Channel 4 in Washington, D.C. This may be different from the channel so 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 but included in the station is clinicated in each case whether the station is out of "EM" (for network multicast). For for independent multicast). For for noncommercial educational, or "EM" (for noncommercial educational multicast). For independent multicast). For for noncommercial educational multicast). For the station is outside the local service area, i.e. cidistant", enter the yeaper SA3 form. Column 4: If the station is outside the local service area, i.e. cidistant", enter "No." For an ex-slanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If the station is outside the local securose area, see page (v) of the general instructions located in the paper SA3 form. Column 6: If you have entered "Yes" in column 4, you must complete column 5, stating the sassis on which your cable s					s carried by your	cable system on a substitute program	Television
basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper \$A3 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 multi-east stream as "WETA-2: Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). The 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), "Hm" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), "F" (for independent), "Hm" (for independen	Do not list the stat	tion here in space	G-but do lis		e Special Statem	nent and Program Log)—if the	
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify seach multicast stream as sociated with a station according to its over-the-air designation. For example, report multi-cast 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 1 in Washington, D.C. This may be different from the channel on which your cable system carried the station is a network station, an independent station, or a noncommercial educational station. Deformation that 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). "If (in independent), "I-M" for independent 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 exalianation 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 sable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system arrived 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 argenement 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" (see primary transmitter). For the designation of t	basis. For furthe	er information cond					
cast 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 to 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 on which your cable system carried the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "E" (for independent), "I-M" (for network multicast), "E" (for until page 5A3 form. Column 6: If you have enterded "Yes" in column 4, you must complete column 5, stating the basis on which your carried the channel lene, "O" For a further expendent on a page 4 (your enterty), "For a further expendent on a further expendent page 4			sign. Do not i	report origination	n program service	es such as HBO, ESPN, etc. Identify	
META-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 in multicast). "For the meaning of these terms, 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 or an association representing the primary transmitter or an association representing the primary transmitter or an association of expession 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 licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community of which the station is licensed by the FCC. For Mexican or Canadian stations, and the proper stations for the				•	•	· · ·	
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) or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), "E" (for noncommercial educational multicast), "For the meaning "LaC" if you never each expect of 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 (y) of the general instructions located in the page SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your sable 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 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 page SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. WHAP 2 1 N NO RED LANCASTER,	WETA-simulcast). Column 2: Give	the channel numb	per the FCC h	nas assigned to	the television sta	tion for broadcasting over-the-air in	
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), "1" (for independent), "I-M" for independent multicast). "Er (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 6: 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 royally 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 he cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "Er (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 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? (Yes or No) CARRIAGE (If Distant) WIGGB 49 I No HARRISBURG, PA WHP-2 21 N No HARRISBURG, PA WHP-3 21. NO HARRISBURG, PA WHP-3 21. NO HARRISBURG, PA WHP-3 33 E	•	•		annel 4 in Wash	nington, D.C. This	may be different from the channel	
flor 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 identified. 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 (a. LOCATION OF STATION (Yes or No) CARRIAGE (If Distant) WGGL 8 9 1 No RED LION, PA 1. CALL 2. B"CAST 3. TYPE 4. DISTANT? 5. BASIS OF (a. LOCATION OF STATION (Yes or No) CARRIAGE (If Distant) WHP 2 1 N No HARRISBURG, PA WHP 2 1 N NO HARRISBURG, PA WHP 3 21.3 1 NO HARRISBURG, PA WHP 3 33 E NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WHTM 43 1 NO WORK, PA	,	,		tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
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, eep age (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 an association representing the cable system or an association 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 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 CHANNEL DF (Yes or No) CHANNEL DF (Yes or No) CHANNEL BR (If Distant) WGGL 8 N NO LANCASTER, PA WGGB 49 I NO HARRISBURG, PA WHP 21 N NO HARRISBURG, PA WHP-2 21.2 I NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHP-3 33 E NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WHTM 43 I NO HARRISBURG, PA WHTM 43 I NO HARRISBURG, PA	educational station,	, by entering the le	tter "N" (for n	etwork), "N-M" (for network multi	cast), "I" (for independent), "I-M"	
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 cable system or an associat							
Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your addes system carried the distant station of 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 effect. 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 (Yes or No) CARRIAGE (If Distant) WGAL 8 N NO LANCASTER, PA WGCB 49 I NO RED LION, PA See instructions for additional information alphabetization. WGAL 8 N NO HARRISBURG, PA WHP-2 21.2 I NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHP-3 33 E NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WHTM 43 I NO YORK, PA							
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 he 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 except of a community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE (If Distant) CHANNEL STATION CHANNEL STATION OF (Yes or No) CARRIAGE (If Distant) CHANGER AB NO RED LION, PA See instructions for additional information alphabetization. NHP-2 21. N NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WHTM 43 I NO HARRISBURG, PA WHTM 43 I NO YORK, PA							
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? (Yes or No) (Yos or No)	· · · · · · · · · · · · · · · · · · ·			•	-	•	
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing he 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 effect. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE (If Distant) WGAL 8 N NO LANCASTER, PA WGCB 49 I NO RED LION, PA WHPP 21 N NO HARRISBURG, PA WHPP-2 21.2 I NO HARRISBURG, PA WHP-2 21.2 I NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WHTM 43 I NO YORK, PA	•		•	• .	•	,	
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 effect. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE (If Distant) WGAL 8 N NO LANCASTER, PA WGGB 49 I NO RED LION, PA WHP 21 N NO HARRISBURG, PA WHP-2 21.2 I NO HARRISBURG, PA WHP-2 21.3 I NO HARRISBURG, PA WHP-3 33 E NO HARRISBURG, PA WHTM 43 I NO YORK, PA							
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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE (Yes or No) CARRIAGE (If Distant) WGAL 8 N NO LANCASTER, PA WGCB 49 I NO RED LION, PA WHP 21 N NO HARRISBURG, PA WHP-2 21.2 I NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WHTM 43 I NO YORK, PA	•			•	• .		
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 CHANNEL OF (Yes or No) STATION WGAL 8 N N N N LANCASTER, PA WGCB 49 I NO RED LION, PA WHP 21 N N N HARRISBURG, PA WHP-2 21.2 I NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WHTM 43 I NO HARRISBURG, PA WHARRISBURG, PA							
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 CARRIAGE (If Distant) SIGN CHANNEL OF (Yes or No) CARRIAGE (If Distant) WGAL 8 N NO LANCASTER, PA WGCB 49 I NO RED LION, PA WHP 21 N NO HARRISBURG, PA WHP-2 21.2 I NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WITF 33 E NO HARRISBURG, PA WITF 33 I NO HARRISBURG, PA WPMT 43 I NO YORK, PA						•	
CHANNEL LINE-UP AA			, ,, 0		,		
1. CALL SIGN 2. B'CAST CHANNEL NUMBER STATION (Yes or No) CARRIAGE (If Distant) WGAL 8 N NO LANCASTER, PA WGCB 49 I NO RED LION, PA WHP 21 N NO HARRISBURG, PA WHP-2 21.2 I NO HARRISBURG, PA WHP-3 21.3 I NO HARRISBURG, PA WHP 3 21.3 I NO HARRISBURG, PA WHTM 27 N NO HARRISBURG, PA WITF 33 E NO HARRISBURG, PA WPMT 43 I NO YORK, PA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	•	•	•		
SIGN	1 CALL	2 P'CAST				6 LOCATION OF STATION	-
NUMBER STATION (If Distant)			-			6. LOCATION OF STATION	
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WHP 21 N No HARRISBURG, PA additional information alphabetization. WHP-2 21.2 I No HARRISBURG, PA WHP-3 21.3 I No HARRISBURG, PA WHTM 27 N No HARRISBURG, PA WITF 33 E No HARRISBURG, PA WPMT 43 I No YORK, PA	WGAL	8	N	No	,	LANCASTER, PA	
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WHP-2 21.2 I No HARRISBURG, PA WHP-3 21.3 I No HARRISBURG, PA WHTM 27 N No HARRISBURG, PA WITF 33 E No HARRISBURG, PA WPMT 43 I No YORK, PA	WHP	21	N	No		HARRISBURG, PA	additional information
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WPMT 43 I No YORK, PA				•			-
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WTXF 29 I Yes 0 PHILADELPHIA, PA		43	<u> </u>	No		YORK, PA	
	WTXF	29	I	Yes	0	PHILADELPHIA, PA	.[
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FORM SA3E. PAGE 3.					Account	140 1 ENIOD: 2010/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	N
Blue Ridge Cab	ole Technolo	ogies Inc			30322	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	DN .				
In General: In space C 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 eac 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 you h cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify every system during the cons in effect or 6.61(e)(2) and (6.51s, as explaine stations: With record only on a substand also in spatformation concern. In station's call associated with explained system carried the cast), "E" (for not see terms, see pattern on a part-time ion of a distant entered into on a primary transistem categories, elocation of eacanadian statio	y television structure accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the state of the station accounting substitute sign. Do not represent the FCC in a station account as treams must be the FCC in the station. Whether the station. Whether the station. Whether the station and uning the same basis became the station of the station. The station of the station of the station of the station of the station. For the station of the station of the station of the station of the station. For the station of the	period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: tit in space I (the stion was carried the basis station was carried to the stion was carried to the period of the reported in origination of the period of the stion is a network, "N-M" (I educational), or egeneral instruct of the stion was entirely in the stion of the space of lack of a seam that is not some 30, 2009, be sesociation repression of the general in the loft the general in the	(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 a program service: er-the-air designaticolumn 1 (list each the television station of the television of the telev	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expaper says to be subject estem or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. et to which the station is licensed by the enter the station is identifed.	G Primary Transmitters: Television
	· .	CHANN	EL LINE-UP	A D	·	
1. CALL		3. TYPE OF	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	STATION	(Yes or No)	CARRIAGE (If Distant)		
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FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Blue Ridge Cal	ole Technol	ogies Inc			30322	
PRIMARY TRANSMITTE						
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis 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 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 you 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	G, identify even during the system during the solutions in effect on the sist, as explained the stations: With a CC rules, regular here in space only on a subsuand also in spatformation concern. The station's call associated with each case with the in each case with the sistem carried the cast), "E" (for not essent emention is outside to entered "Ye ne distant static ion on a part-tilicion of a distant the entered into of a primary trans simulcasts, also ince categories in effect of the casts, also ince categories in effect of the casts, also ince categories in effect of the categories in effect of the categories in each categories.	y television state accounting in June 24, 198 4), or 76.63 (r din the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state acrining substitions in a station account of the station account of the station. Whether the station whether the station. Whether the station account of the local servers in column on during the same basis becar multicast stream or before Jumitter or an associated in the station of the	g period, except 81, permitting the referring to 76.6 paragraph. If distant stations orizations: to the ation was carried to the basis station report origination cording to its own be reported in the ation was assigned to the ation was assigned to the ation is a network), "N-M" (I educational), or general instructive area, (i.e. "or general instructive	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on a program service er-the-air designation of the television statistical that the television statistical for network multicor "E-M" (for noncontrolled in the television of the television of the television statistical for network multicor "E-M" (for noncontrolled in the television of the television of the television statistical in the television of	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
FCC. For Mexican or C Note: If you are utilizing				•	which the station is identifed.	
,		•	EL LINE-UP		<u>.</u>	
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	

FORM SA3E. PAGE 3.					Accoont	14G 1 EMIOD: 2010/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Blue Ridge Cal	ole Technol	ogies Inc			30322	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
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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	

FORM SA3E. PAGE 3.					Accoonti	14G 1 EMIOD: 2010/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Blue Ridge Cal	ole Technol	ogies Inc			30322	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
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Blue Ridge Cable Technologies Inc PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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.	ION Ty television station (including translator stations and low power television stations) the accounting period, except (1) stations carried only on a part-time basis under on June 24, 1981, permitting the carriage of certain network programs [sections (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a ed in the next paragraph. Transmitters: respect to any distant stations carried by your cable system on a substitute program lations, or authorizations: The Gomet I (the Special Statement and Program Log)—if the stitute basis. Television It sign. Do not report origination program services such as HBO, ESPN, etc. Identify the a station according to its over-the-air designation. For example, report multitate transminant be reported in column 1 (list each stream separately; for example on the FCC has assigned to the television station for broadcasting over-the-air in let, WRC is Channel 4 in Washington, D.C. This may be different from the channel the station. Whether the station is a network station, an independent station, or a noncommercial etter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" noncommercial educational), or "E-M" (for noncommercial educational multicast). The page (v) of the general instructions located in the paper SA3 form. The the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an expage (v) of the general instructions located in the paper SA3 form. The local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an expage (v) of the general instructions located in the paper SA3 form. The local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an expage (v) of the general instructions located in the paper SA3 form. The local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an expage (v) of the general instructions located in the paper SA3 form.	ORM SA3E. PAGE LEGAL NAME OF (OWNER OF CABLE SY	'STEM:			SYSTEM ID	#
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Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- lanation 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 able system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system arried 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	smitter or an association representing the primary transmitter, enter the designa- so enter "E". If you carried the channel on any other basis, enter "O." For a further s, see page (v) of the general instructions located in the paper SA3 form. ach station. 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SIGN CHANNEL OF (Yes or No) CARRIAGE	. OF (Yes or No) CARRIAGE	For the retransn f a written agreem he cable system a on "E" (exempt). F xplanation of thes Column 6: Give CC. For Mexican lote: If you are utill. CALL	nission of a distant nent entered into or and a primary transifor simulcasts, also three categories, at the location of ear or Canadian statio dilizing multiple characterists.	multicast streen or before Junimitter or an associated enter "E". If y, see page (v) ch station. For ns, if any, given nel line-ups, u CHANNI 3. TYPE OF	eam that is not some 30, 2009, be association repreyou carried the of the general in rus. Stations, et he name of the use a separate EL LINE-UP 4. DISTANT?	subject to a royalty etween a cable systemen a cable systemen and cable systement on any official community of the community of the community of the community of the cable of	payment because it is the subject stem or an association representing by transmitter, enter the designather 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. In channel line-up.	

FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Blue Ridge Cab	le Technolo	ogies Inc			30322	
PRIMARY TRANSMITTE						
In General: In space G carried by your cable si FCC rules and regulation 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 of List the station here, as basis. For further infinite paper SA3 for Column 1: List each each multicast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licension which your cable sy Column 3: Indicate educational station, by (for independent multice For the meaning of the Column 5: If you had cable system carried the carried the distant station. For the retransmission of a written agreement the cable system and attion "E" (exempt). For sexplanation of these the Column 6: Give the	s, identify every ystem during the ons in effect or .61(e)(2) and (.iis, as explaine tations: With r C rules, regular here in space only on a substand also in spatformation concern. In station's call associated with .2". Simulcast: e channel numbers associated with in each case wentering the least), "E" (for no se terms, see pattern is outside the carea, see pattern is outside the case on a part-time on on a part-time on on a part-time on of a distant entered into on a primary transistimulcasts, also ree categories, e location of each canadian statio	y television streams accounting in June 24, 194, or 76.63 (in d in the next prespect to any attions, or auth G—but do listitute basis. In the state of the station accounting substitute basis. In a station account in a station account in a station account in the station. In the station whether the station. In the local service of the service of the station of the local service of the station of the local service of the station of the local service of the station. In the local service of the station of the service of the station of the station. It is see page (v) of the service of the station. For the station of the station of the station of the station of the station. For the station of t	g period, except 81, permitting the referring to 76.6 paragraph. If distant stations orizations: It it in space I (the station was carried tute basis station report origination cording to its own be reported in the station was assigned to remain a sassigned to report origination or annel 4 in Wash action is a network of the detwork), "N-M" (I educational), or general instruct 4, you must conaccounting period accounting per	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as a carried by your context of both on a substitution, see page (v) on a program services er-the-air designate column 1 (list each the television station, p.C. This light of the television station, on the television of the television station (for network multicuter "E-M" (for noncontrol of the television of the television of the television of the television station (for network multicuter "E-M" (for noncontrol of the television of t	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 my transmitter, enter the designation in the paper SA3 form. To which the station is licensed by the payment better the designation is licensed by the payment better the station is identified.	Primary Transmitters: Television
		CHANN	EL LINE-UP	AG		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Location of Charlet	
	NUMBER	STATION		(If Distant)		

FORM SA3E. PAGE 3.					Accoonti	14G 1 EMIOD: 2010/2
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Blue Ridge Cal	le Technol	ogies Inc			30322	Name
PRIMARY TRANSMITTE	RS: 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 as sociated 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 by "re-M" (for network), "N-M" (for network), "N-M" (for network) multicast). "To for independent), "I-M" (for indepen						
Note: if you are utilizing	g multiple char		·	'	cnannei iine-up.	
		CHANN	EL LINE-UP	AH		
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	

FORM SA3E. PAGE 3.					Accookii	NG 1 EMOD. 2010/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Blue Ridge Cal	ole Technol	ogies Inc			30322	Name
PRIMARY TRANSMITTE	RS: 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), "I" (for independent), "I-M" (for						
Note: If you are utilization	ig manipic chai		•	•	chamer inc-up.	
	1	CHANN	EL LINE-UP	Al		
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	

FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2018/2	
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Blue Ridge Cal	ole Technol	ogies Inc			30322		
•	G, identify ever	y television st	, ,		and low power television stations)	G	
		-		• •	ed only on a part-time basis under ain network programs [sections	G	
76.59(d)(2) and (4), 76	6.61(e)(2) and (4), or 76.63 (ı	referring to 76.6	•	and (2) certain stations carried on a	Primary	
substitute program bas Substitute Basis S				s carried by your c	able system on a substitute program	Transmitters: Television	
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 eac	ch station's call	-			s such as HBO, ESPN, etc. Identify		
			•	•	tion. For example, report multi- n stream separately; for example		
Column 2: Give the			•		on for broadcasting over-the-air in may be different from the channel		
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an inde	ependent station, or a noncommercial		
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (for network multic	ast), "I" (for independent), "I-M" mmercial educational multicast).		
	ation is outside	the local serv	vice area, (i.e. "d	distant"), enter "Ye	es". If not, enter "No". For an ex-		
planation of local servi Column 5: If you have					e paper SA3 form. stating the basis on which your		
	he distant statio	on during the	accounting perio	od. Indicate by ent	tering "LAC" if your cable system		
For the retransmiss	ion of a distant	multicast stre	eam that is not s	subject to a royalty	payment because it is the subject		
_				•	stem or an association representing ry transmitter, enter the designa-		
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any ot	her basis, enter "O." For a further		
					d in the paper SA3 form. to which the station is licensed by the		
FCC. For Mexican or 0 Note: If you are utilizing		, ,, ,		,	which the station is identifed.		
Note. Il you are utilizii	ig multiple chai	• ′	EL LINE-UP	·	charmer inte-up.		
	o DIOAGE				a LOCATION OF STATION		
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	(10001110)	(If Distant)			
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		<u> </u>					

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

FORM SA3E. PAGE 3.					Accoonti	14G 1 EMIOD: 2010/2
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Blue Ridge Cal	le Technol	ogies Inc			30322	Name
PRIMARY TRANSMITTE	RS: 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), "I" (for independent), "I-M" (fo						
Note. If you are utilized	y multiple chai		·	'	спаппет ше-цр.	
	T	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	

FORM SA3E. PAGE 3.				7100001111	NG 1 EMOD. 2010/2	
LEGAL NAME OF OWNER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Blue Ridge Cable Technological	ogies Inc			30322	Name	
PRIMARY TRANSMITTERS: TELEVISIO	DN					
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 ind						
Note. If you are utilizing multiple chair	• •		Tor each charmer line-up	<i>.</i>		
	CHANNEL LI	NE-UP AL				
1. CALL 2. B'CAST CHANNEL NUMBER		<i>'</i>	IS OF 6. LOCATION RIAGE stant)	OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Namo	
Blue Ridge Cab	le Technolo	gies Inc			30322		
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
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), 07.661(e)(2) and (4), 07.661(e)(2) and (4), 07.661(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 as sociated 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: If you are utilizing				•			
		CHANNI	EL LINE-UP	AM			
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		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:				EM ID#	Name
Blue Ridge Cal	ole Technol	ogies Inc				30322	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.616(e)(2) and (4), 07.616(e)(2) and (4), 07.616(e)(2) and (4), 07.616(e)(2) and (4)); and (2) certain stations carried on a substitute Dasis 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 noncommerci							
Note: If you are utilizing	ng multiple char	nnei line-ups,	use a separate	space G for each	cnannel line-up.		
	1	CHANN	EL LINE-UP	AN			
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		

FORM SA3E. PAGE 3.						,	
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Blue Ridge Cal	ole Technol	ogies Inc			30322		
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 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). "For the meaning of these terms, see page (v) of the general instructions located in							
FCC. For Mexican or 0	Canadian statio	ns, if any, give	e the name of th	ne community with	which the station is identifed.		
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	AO			
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.					Accoonti	140 1 ENIOD: 2010/2
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	N
Blue Ridge Cab	le Technolo	ogies Inc			30322	Name
PRIMARY TRANSMITTE	RS: TELEVISIO)N				
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 as sociated 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 ind						
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		CHANN	EL LINE-UP	AP		
		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
Blue Ridge Cab	ole Technolo	ogies Inc			30322			
PRIMARY TRANSMITTE								
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: 10 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. 1 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as swETA-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), or "								
		CHANN	EL LINE-UP	AQ				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Legation of Station			
	NUMBER	STATION	,	(If Distant)				

FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Blue Ridge Cal	ole Technol	ogies Inc			30322	
PRIMARY TRANSMITTI 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 Basis Substitute Basis Substitute Basis under specific FC • Do not list the 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"	ers: TELEVISION identify every system during the ions in effect or 0.61(e)(2) and (esis, as explaine stations: With Incomplete in space only on a substand also in space of the ion in the ion in the ion in space of the ion ion in the ion	y television stane accounting a June 24, 1964), or 76.63 (rd in the next prespect to any ations, or auth G—but do list itute basis. Indeed, if the stane ring substitute sign. Do not reast a station accounting a station account a station accounting a station acc	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried ute basis station eport origination cording to its over	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your cone Special Statement of both on a substitutions, see page (v) on program service er-the-air designal	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 ent and Program Log)—if the state basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi-	G Primary Transmitters: Television
cast 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 during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station and 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 or an association r						
		CHANN	EL LINE-UP	AR		
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	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
Blue Ridge Cab	ole Technolo	ogies Inc			30322			
PRIMARY TRANSMITTE								
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 as sociated 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 necommercial educational), or "E-M" (for noncommercial educational multicast)								
		CHANN	EL LINE-UP	AS				
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)				

				SYSTEM ID#	Name
				30322	
G, identify every system during the consistency of the constant of the constan	y television strane accounting in June 24, 1944), or 76.63 (rd d in the next prespect to any attions, or auth G—but do list titute basis. Ince I, if the state erning substitution on the state of the s	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination	(1) stations carried carriage of certal (e)(2) and (4))]; as carried by your case Special Statemed both on a substitute, see page (v) on program services	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	G Primary Transmitters: Television
e channel number. For example ystem carried the in each case of entering the lecast), "E" (for nesse terms, see ation is outside ce area, see parave entered "You he distant static ion on a part-tilicity of a distant tale entered into on a primary transsimulcasts, also ree categories e location of ea Canadian statio	per the FCC hear, WRC is Charle station. Whether the station whether the station whether the station and the local service of the local service whether the local service on during the same basis because multicast street or before Jumitter or an associated whether the local service of the local service	as assigned to annel 4 in Wash ation is a network), "N-M" (I educational), o e general instructive area, (i.e. "cogeneral instruct 4, you must correct ause of lack of a sam that is not some 30, 2009, be association repreyou carried the of the general in t.S. stations, e the name of the	the television stati- ington, D.C. This ork station, an inde- for network multic or "E-M" (for nonco- ctions located in the distant"), enter "Ye- ions located in the mplete column 5, so- od. Indicate by enti- ctivated channel or cubicated to a royalty etween a cable sys- senting the primar channel on any of instructions locate list the community me community with	on for broadcasting over-the-air in may be different from the channel spendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form. In our entry of the stating the basis on which your earing "LAC" if your cable system capacity. The payment because it is the subject stem or an association representing the the system or an association representing the paper SA3 form. The stating the basis, enter "O." For a further din the paper SA3 form. The which the station is licensed by the which the station is identifed.	
	CHANN	EL LINE-UP	AT		
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	cole Technologies. TELEVISIO. G, identify every system during the ions in effect or 6.61(e)(2) and (6.51), as explaine stations: With record only on a substant also in spaniformation concord. Charles, regular and also in spaniformation concord. Charles, regular associated with a station's call associated with a second or carried the in each case we entering the lecast), "E" (for neceptation is outside ion a part-time in outside ion on a part-time ion of a distant at entered into or a primary transistion of a distant at entered into or a primary transistic categories. In carried in the cast of each candian station or grantification or gra	system during the accounting ions in effect on June 24, 196, 6.61(e)(2) and (4), or 76.63 (r. 6.63), as explained in the next partitions: With respect to any CC rules, regulations, or author there in space G—but do list only on a substitute basis, and also in space I, if the station in space I, if the station concerning substitutes and also in space I, if the station must be channel number the FCC has seen carried the station acrosciated with a station. It is entering the letter "N" (for neast), "E" (for noncommercial especial programs, see page (v) of the attention is outside the local service area, see page (v) of the ave entered "Yes" in column the distant station during the station on a part-time basis because of a distant multicast streat entered into on or before Julia primary transmitter or an assimulcasts, also enter "E". If the categories, see page (v) is electation of each station. For Canadian stations, if any, giving multiple channel line-ups, CHANNEL OF	ERS: TELEVISION G, identify every television station (including system during the accounting period, except ions in effect on June 24, 1981, permitting the 3.61(e)(2) and (4), or 76.63 (referring to 76.6 sis, as explained in the next paragraph. Stations: With respect to any distant stations: There in space G—but do list it in space I (the only on a substitute basis. and also in space I, if the station was carried formation concerning substitute basis station associated with a station according to its owa-2". Simulcast streams must be reported in the echannel number the FCC has assigned to see. For example, WRC is Channel 4 in Wash system carried the station. In each case whether the station is a network entering the letter "N" (for network), "N-M" (cast), "E" (for noncommercial educational), case terms, see page (v) of the general instruct ave entered "Yes" in column 4, you must conclude a station station during the accounting period on a part-time basis because of lack of a station of a distant multicast stream that is not state the categories, see page (v) of the general instruction on a part-time basis because of lack of a station of a distant multicast stream that is not state entered into on or before June 30, 2009, but a primary transmitter or an association repressimulcasts, also enter "E". If you carried the late categories, see page (v) of the general instruction of each station. For U.S. stations, Canadian stations, if any, give the name of the gmultiple channel line-ups, use a separate CHANNEL LINE-UP 2. B'CAST 3. TYPE 4. DISTANT? (Yes or No)	Gres: TELEVISION Gres: Television Station Gres: Television on Judicial Experience Gres: Television on Gres: Television Gres: Televisio	CERS: TELEVISION 3, identify every television station (including translator stations and low power television stations) system during the accounting period, except (1) stations carried only on a part-time basis under lons in effect on June 24, 1981, permitting the carriage of certain network programs [sections .61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a sis, as explained in the next paragraph. Stations: With respect to any distant stations carried by your cable system on a substitute program CV rules, regulations, or authorizations: There in space G—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis. and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located mm. The station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-ve. Simulcast streams must be reported in column 1 (list each stream separately; for example e channel number the FCC has assigned to the television station for broadcasting over-the-air in se. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel ystem carried the station. 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FORM SA3E. PAGE 3.					Accookii	14G 1 EMIOD: 2010/2
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Blue Ridge Cal	ole Technolo	ogies Inc			30322	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
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), 76.63(e)(2) and (4), 76.63(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 as sociated with a station according to its over-the-air designation. For example, report multi-cast 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						
Note: If you are utilizing	g multiple char		•		channel line-up.	
		CHANN	EL LINE-UP	AU		
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	

FORM SA3E. PAGE 3.					Accoonti	14G 1 ENIOD: 2010/2
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	N
Blue Ridge Cab	ole Technol	ogies Inc			30322	Name
PRIMARY TRANSMITTE	RS: TELEVISIO)N				
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), "" (for independent), "I-M" (for i						
	•	CHANN	EL LINE-UP	A\/	·	
		CHANN	EL LINE-UP	AV		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NOMBER	OTATION		(II Distant)		
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Namo		
Blue Ridge Cal	ole Technol	ogies Inc			30322			
PRIMARY TRANSMITTE	ERS: TELEVISIO	N						
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 ind								
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
		CHANN	EL LINE-UP	AW				
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			

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 30322 Blue Ridge Cable Technologies Inc PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2018/
LEGAL NAME OF OWNER OF						SY	STEM ID#	Name
Blue Ridge Cable Tecl	hnologies	Inc					30322	- Numb
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	1				
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or author	rizations. Fo	or a further	Substitute
1. SPECIAL STATEMEN				general		, ,		Carriage:
During the accounting per broadcast by a distant star	tion?	-	•	-		Yes	⊠No	Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is '	Yes," you mu	ust complete the	e program		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please a of every nor distant state egulations, o oution. Do no Lucy" or "NE m was broad sign of the sadcast stationatian stationa	attach addition nnetwork telev ion and that your authorization t use general of BA Basketball: dcast live, ente station broadca on's location (the ons, if any, the when your system a substitute program on sin 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 stem 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 lice station is idenorogram. Use cable system. 15 p.m. to 6:2 mming that ye; enter the let	during the accoramming of anous located in the List specific purished by the FC stiffied). List the times: 8:30 p.m. should our system was ter "P" if the list	ounting other statione paper rogram CC or, in the month accurately lid be serequired ted pro		
	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FOR						
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	ES TO	DELETION	
					_			
					_			
					_			
					_			
					_			
					_			
					_			
					_			
					_			

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Blue Ridge Cable Technologies Inc

PART-TIME CARRIAGE LOG

SYSTEM ID#
30322

J

Part-Time Carriage Log

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

hours your system carried that station. If you need more space, please attach additional pages.

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

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

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

DATES AND HOURS OF DART TIME CARRIAGE

• You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

		DATES	AND HOURS (OF P	PART-TIME CAF	RRIAGE			
CALL SIGN	WHEN	I CARRIAGE OCCU	CALL SIGN	WHEN CARRIAGE OCCURRED					
O/ LEE OIOIV		HOUR			O/ LE OIOIV			OUR	
	DATE	FROM	TO			DATE	FROM		TO
		_						_	
		_						_	
		_							
		_						_	
		_							
		_						_	
		_						_	
		_						_	
								=	
		_						_	
		_							
		_						_	
								_	
		_						_	
		_						_	
								=	
		_						_	
		•			•				

	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name				
Blu	e Ridge Cable Technologies Inc		30322	Name				
Inst all a (as i page	CSS RECEIPTS Pructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. DRTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission ompute this amount	service , see 977,218.13	K 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 $\!\kappa$ 3 below.	e entered on line 1 c	of					
If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be alow.	entered on line 2 in b	olock					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on lir	ie					
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.	e is 1.064 percent of	the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	977,218.13					
	Enter the result here. This is your minimum fee.	\$	10,397.60					
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule. No—Leave block 3 below blank and control to the property of the property	nn 4, you must chec	k					
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	\$	10,397.60					
	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	\$	10,397.60					
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	\$	10,397.60	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	submitting additional deposits under				
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)							
	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	\$	11,122.60	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the						

	LEGAL NAME OF OWNER O	F CABLE S	YSTEM:	SYSTEM ID#						
Name	Blue Ridge Cable			30322						
			-							
8.4	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
Channala	to its subscribers and	d (2) the	cable system's total number of activated channels, during the accounting period.							
Channels	1 Enter the total num	nhar of a	nannels on which the cable							
			padcast stations	9						
	System sumed tolo	VIOIOII DI								
	2. Enter the total nun	nber of a	ctivated channels							
	on which the cable	system (arried television broadcast stations	69						
	and nonbroadcast s	services		69						
NI	INDIVIDUAL TO BE	CONTA	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual							
N	we can contact about		· · ·							
Individual to			,							
Be Contacted										
for Further	Name Carl Lit	win	Telephone	610-826-9109						
Information										
	Address PO Box	215								
	(Number, str	eet, rural r	ute, apartment, or suite number)							
	Palmert	ton, Pa	18088							
	(City, town, s									
	Email	clitwin	@pencor.com Fax (optional)							
	CERTIFICATION (This	s statem	ent of account must be certifed and signed in accordance with Copyright Office re	gulations.						
0	,									
Certifcation	I the undersigned he	ereby cei	tify that (Check one, but only one, of the boxes.)							
Continuation	i, the anacroighea, in	croby oci	any and Concort one, but only one, or are boxes.							
	(Owner other than	corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space	ee B; or						
	<u> </u>	-								
	(Agent of owner o	thor tha	n corporation or partnership) I am the duly authorized agent of the owner of the cab	le system as identified						
			that the owner is not a corporation or partnership; or	ic system as identified						
	V (055)	-A 1								
	in line 1 of space	-	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	owner of the cable system						
			t of account and hereby declare under penalty of law that all statements of fact contain	ned herein						
	[18 U.S.C., Section 10		to the best of my knowledge, information, and belief, and are made in good faith.							
	[10 010101, 0001011	(
		Χ	/s/ David L. Masenheimer							
			73/ David L. Masermermer							
		Enter an	electronic signature on the line above using an "/s/" signature to certify this statement.							
		(e.g., /s/	John Smith). Before entering the first forward slash of the /s/ signature, place your curso	·						
		"F2" but	on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot.	us compatibility settings.						
		Typed	or printed name: David Masenheimer							
		Title:	President							
			(Title of official position held in corporation or partnership)							
		Date:	February 7, 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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Blue Ridge Cable Technologies Inc	30322	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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shem seribers and amounts collected from subscribers receiving secondary transmissions pursuant. For more information on when to exclude these amounts, see the note on page (vii) of the general inspaper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO	m for the basic all not include sub- to section 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** 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 Copy please list below the owner, address, first community served, accounting period, and ID number as gifling.		
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	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 DSFs	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: Blue Ridge Cable Technologies Inc 30322							
'								
	SUM OF DSEs OF CATEGO • Add the DSEs of each statio	1.00						
	Enter the sum here and in line							
2 Computation	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). 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" STATION	NS: DSEs				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	WTXF	1.000						
Add rows as								
necessary.								
Remember to copy all formula into new								
rows.								
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						1		

Name							YSTEM ID# 30322	
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 HOL CARRIE SYSTEM	JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAG VALUE			SE
			÷		=	x	<u>=</u>	
			÷		= =	x x	=	
			÷		=	x	=	
					=	x		
			_		=	x x	=	
			÷		=	x	=	
	Add the DSEs of	DF CATEGORY LAC Sifeach station. In here and in line 2 of particles		lule,	.	0.0	0	
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).							
		SUI	BSTITUTE-BA	SIS STATION		ATION OF DSEs	1	T
	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 of	÷ DF SUBSTITUTE-BASI each station. h here and in line 3 of pa		ule,	▶	0.0	0	=
5 Total Number of DSEs	number of DSEs at 1. Number of [2. Number of [R OF DSEs: Give the am applicable to your system DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		ces in parts 2, 3, and	d 4 of this schedu	le and add them to provid	1.00 0.00 0.00	
	TOTAL NUMBER	OF DSEs					•	1.00

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

LEGAL NAME OF C							S	YSTEM ID# 30322	Name
Instructions: Bloc								00022	
In block A: • If your answer if			art 6 and part	7 of the DSE sche	adula blank ai	nd complete n	art 8 (nage 16) of	the	6
schedule.		•	-	7 OF THE DOE SCH	edule blatik al	id complete pa	art o, (page 10) or	uie	0
If your answer if	"No," complete bl			ELEVISION M	ARKETS				Computation of
Is the cable syster effect on June 24,						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
	-		OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	olete blocks B and	C below.							
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Ju dule. (Note: Ti	part 2, 3, and 4 or ne 25, 1981. For for ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)]	ules and regu ed pursuant t	lations cited b to the FCC ma	sis on which you o elow pertain to tho rket quota rules [7	ose in effect of 6.57, 76.59(b	n June 24, 198), 76.61(b)(c),	76.63(a) referring	y tc	
	C Noncommeric D Grandfathered instructions for	cal educational d station (76.4 or DSE sched	al station [76.5 65) (see parag lule).	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	•	eviously carrie JHF station w	ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN	BASIS		SIGN	BASIS	J. DOL	SIGN	BASIS	J. DOL	
WTXF	D	1.00							
								4 00	
								1.00	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule				1.00	
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove				1.00	
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.	<u>.</u>	0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here				·		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	J

Blue Ridge Cable Technologies Inc 30322												
			BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)	<u> </u>				
	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6		
										Computation of 3.75 Fee		
•••••					 							
			•									
			•									
			• • • • • • • • • • • • • • • • • • • •									
												

	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:								S	YSTEM ID:	#	
Name	Blue Ridge Cab	ole Techno	logies In	C								30322	2	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters													
		PERMITT	ED DSE F	OR STA	TIONS CARRI	ED	10	N A PART-TIME AN	ID SUBSTI	TUTE BASIS				
	1. CALL										6. P	ERMITTED	_	
											1			
										-				
							•••••						••••	
							•••••							
											 		••••	
							•••••							
						ļ								
						ļ								
											[
						ļ .					[
7 Computation of the Syndicated	Instructions: Block A In block A: If your answer is If your answer is	"Yes," comple	ete blocks l locks B and	d C blank	and complete			8 of the DSE sched						
•				DLOCI	CA. MAJOR			LVIOIOIV MAINI	<u> </u>					
Exclusivity Surcharge	Is any portion of the or	rahla evetam v	vithin a ton	100 maio	r talavision ma	rko.	t ac	defned by section 7	'6 5 of ECC	rules in effect l	lune 24	10812		
Surcharge	l <u> </u>	•	•	100 majo	i lelevision ma	ike	l as	_		rules ill ellect s	une 24,	1901?		
	X Yes—Complete	blocks B and	IC.					No—Proceed to	part 8					
						7							_	
	BLOCK B: Ca	arriage of VHF	F/Grade B	Contour	Stations			BLOCK	C: Compu	tation of Exem	ipt DSE	3		
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places	•	•			nit	as any station listed y served by the cab former FCC rule 76	le system p					
	Yes—List each s	tation below wif	th its approp	oriate perr	nitted DSE		l	Yes—List each st	ation below	with its appropri	ate permi	tted DSE		
	X No—Enter zero a	and proceed to	part 8.					X No—Enter zero a	nd proceed t	o part 8.				
						,	lг						ı	
	CALL SIGN	DSE	CALL	SIGN	DSE			CALL SIGN	DSE	CALL SIG	iN	DSE	ı	
		 					-		 					
		 					[-		 					
							[
							[
									 					
							-		 					
							-		 					
		L							<u> </u>				l	
			TOTAL	DSEs	0.00]				TOTAL DS	Es	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Blue Ridge Cable Technologies Inc	30322	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	977,218.13	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 an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? ▼ Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE.	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	JL	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here	_	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAM	IE OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Hamo	E	Blue Ridge Cable Technologies Inc 30322
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ <u>\$</u>
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here
		D. Enter 0.00089 of gross receipts (the amount in section 1)
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.
		F. Multiply line D by line E and enter here
		G. Add lines A, C, and F. This is your surcharge.
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$
8	Instruc You mi	etions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part
O		checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.
Computation		r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.
of		r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below
Base Rate Fee	blank	
	What i	s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local
	service	area," see page (v) of the general instructions.
		DLOCK ALCARDIACE OF DARTIALLY DISTANT STATIONS
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period?
	Г	Yes—Complete part 9 of this schedule.
		<u> </u>
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	1	Enter the amount of gross receipts from space K (page 7) ▶ _\$ 977,218.13
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"
		use the total number of DSEs from part 5.)
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.
		A. Enter 0.01064 of gross receipts (the amount in section 1)
		B. Enter 0.00701 of gross receipts
		(the amount in section 1)
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here
		D. Multiply line B by line C and enter here ▶ \$ -
		E. Add lines A, and D. This is your base rate fee. Enter here
		and in block 3, line 1, space L (page 7) Base Rate Fee

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/2

	AME OF OWNER OF CABLE SYSTEM: Ridge Cable Technologies Inc	SYSTEM ID# 30322	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		_
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$	_	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	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	
instead	ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcated be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	•	9
receipt	G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:		Computation of Base Rate Fee
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.	, ,	for Partially Distant Stations, and
Step 1	Didentify a Subscriber Group for Partially Distant Stations: For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	tion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lost the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the token, the station is distant to the subscriber.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each Identi	i 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 al bers in the group.	I of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in of this schedule; or,	n parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	olock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is apper SA3 form.	nstructions	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	at is, the total	

DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30322 Blue Ridge Cable Technologies 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 Blue Ridge Cable						S	YSTEM ID# 30322	Name	
_							30322		
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROUN	UP		
COMMUNITY/ AREA	7 11.001	232231113211 01100	0	COMMUNITY/ ARE	COMMUNITY/ AREA				
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
				-				Base Rate Fee	
							····	and Syndicated	
			-			<u> </u>		Exclusivity	
								Surcharge	
								for	
								Partially	
			-					Distant Stations	
			-	.		- 		Otations	
			ļ						
									
	<u>.</u>		<u> </u>						
Total DSEs			0.00	Total DSEs		11	0.00		
	roun	•	0.00		and Craun	•	0.00		
Gross Receipts First G	Toup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			-	-			<u> </u>		
			-	.		<u>- </u>			
									
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			-						
			_						
									
			-						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$	0.00		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
E				TE FEES FOR EAC		RIBER GROUP SUBSCRIBER GROU		
		SUBSCRIBER GRO			9			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
			<u></u>			-		Syndicated Exclusivity
						 		Surcharge
								for
			<u></u>					Partially
	<mark>.</mark>					-		Distant Stations
	····	-						Otations
	<u></u>						<u></u>	
	····					<u> </u>		
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	
							•	
COMMUNITY/ AREA		SUBSCRIBER GRO)UP 0	COMMUNITY/ ARE		SUBSCRIBER GROU)P 0	
COMMONT IT AREA				COMMONITY ARE	A			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		_						
		_						
						-		
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

OF CABLE SYSTEM: System: System is schnologies inc 3032	NI
CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP	9
O COMMUNITY/ AREA	Computat
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
	Base Rate
	and
	Syndicate
	Exclusivi Surcharg
	for
	Partially
	Distant
	Stations
	_
	_
Gross Receipts Second Group \$ 0.00	_
Base Rate Fee Second Group \$ 0.00	
VENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP	
0 COMMUNITY/ AREA ()
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
0.00 Total DSEs 0.00	
	-
up \$ 0.00 Gross Receipts Fourth Group \$ 0.00	-
up \$ 0.00 Gross Receipts Fourth Group \$ 0.00	7

LEGAL NAME OF OWNER Blue Ridge Cable						SY	STEM ID# 30322	Name
				TE FEES FOR EACH				
	TEENTH	SUBSCRIBER GROU		Ti .	JRTEENTH	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
						-		and
			 				<u>.</u>	Syndicated
					<u>-</u>		-	Exclusivity Surcharge
						-	<u>-</u>	for
								Partially
								Distant
					<u>.</u>		<u> </u>	Stations
					<u>-</u>	-	<u>-</u>	
			 				<u></u>	
Total DSEs	<u> </u>		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		\$	0.00	Base Rate Fee Secon		\$	0.00	
	TEENTH	SUBSCRIBER GROU		11	IXTEENTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	 		<u> </u>		<u></u>	
					-		-	
					<u>.</u>		<u> </u>	
						-		
			 				<u></u>	
					<u>.</u>		<u>-</u>	
					<u>-</u>	-	<u>-</u>	
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.	\$		

Blue Ridge Cable Te		E SYSTEM: ogies Inc				S	YSTEM ID# 30322	Name
				TE FEES FOR EAC				
	EENTH :	SUBSCRIBER GRO		ii e		I SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computa			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
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				1				Surchar
								for
								Partiall
								Distan
							<u></u>	Station
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	ηp	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
3ase Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINT	EENTH :	SUBSCRIBER GRO	UP		TWENTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
				·				
							<u></u>	
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		1						
Fotal DSEs			0.00	Total DSEs			0.00	
Fotal DSEs	up	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	up	\$			irth Group	\$	_	

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
								Syndicated
				·				Exclusivity Surcharge
	····	-	<u></u>		••••			for
								Partially
								Distant
								Stations
		-						
	····	-		·				
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	
TWEN	NTY-THIRD	SUBSCRIBER GRO	UP	TWEN	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>		<u>.</u>					
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		-						
			<mark></mark>		·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Ridge Cable Technologies Inc 30322								
				TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BI	
9		SUBSCRIBER GROU	NTY-SIXTH			SUBSCRIBER GRO	ITY-FIFTH		
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and					<u>.</u>	-			
Syndicate									
Exclusivi Surcharg					-				
for	····		<u>-</u>				···		
Partially									
Distant					<u> </u>	-			
Stations									
	····				<u>-</u>		···		
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	Froup	iross Receipts First G	
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	iroup	a se Rate Fee First G	
	JP	SUBSCRIBER GROU	Y-EIGHTH		UP	SUBSCRIBER GRO	SEVENTH	TWENTY-S	
	0		COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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					<u> </u>	-			
	<u></u>				<u>-</u>		<u></u>		
	····		······································				···		
		-	•						
						-			
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	n Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs Gross Receipts Third C	

Blue Ridge Cable Tech	CABLE SYSTEM: nologies Inc				S	YSTEM ID# 30322	Name
BLOCK	A: COMPUTATION	OF BASE RA	ATE FEES FOR EAG				
	TH SUBSCRIBER G				H SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Comput
CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rat
							and
				·····			Syndica Exclusi
							Surcha
							for
							Partial
							Distar
						<u></u>	Station
		·····					
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	<u>\$</u>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRTY-FIF	ST SUBSCRIBER G	ROUP	THIF	RTY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
······	·····	·····					
						0.00	
otal DSEs		0.00	Total DSEs			0.00	
otal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	\$			rth Group	\$	_	

Blue Ridge Cabl						S	YSTEM ID# 30322	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROI	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
				-			<u></u>	Exclusivity Surcharge
								for
								Partially Distant
								Stations
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	
THI COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	THI COMMUNITY/ AREA		I SUBSCRIBER GRO	UP 0	
COMMONT IT AREA				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third	I Group	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
		·			P	<u>·</u>		
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			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		 		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
								Syndicated
				-				Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
					·····			
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 (\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO				I SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····			
			•••••••••••••••••••••••••••••••••••••••					
Total DSEs			0.00	Total DSEs			0.00	
	Crou	•			urth Crave	•	_	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	iiii Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
	····			·				Partially
••••••	···				••••			Distant
								Stations
			<u></u>					
					·····			
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	
FOR	RTY-THIRD	SUBSCRIBER GRO	UP	FOR	TY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA C			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
					<mark></mark>			
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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 Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Ridge Cable Technologies Inc 30322									
				TE FEES FOR EACH						
9		SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GRO	TY-FIFTH			
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate F										
and										
Syndicate Exclusivit										
Surcharge										
for										
Partially										
Distant										
Stations	····									
				•••••						
	2.00		<u> </u>							
	0.00	-		Total DSEs	0.00					
	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	Base Rate Fee First Gr		
	JP	SUBSCRIBER GROL	Y-EIGHTH	FORT	JP	SUBSCRIBER GRO	SEVENTH	FORTY-S		
	0	COMMUNITY/ AREA 0						COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
				•••••		-				
						-				
		-10	l l	Total DSEs	0.00	1		Total DSEs		
	0.00									
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Froup	Gross Receipts Third G		

LEGAL NAME OF OWI Blue Ridge Cable						S	YSTEM ID# 30322	Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				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
		-						Syndicated
								Exclusivity
					····			Surcharge for
			···		••••			Partially
								Distant
								Stations
			<u>.</u>					
					<u></u>			
	·····	-	···		·····			
			<u></u>		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receints First	oss Receipts First Group \$ 0.0				and Group	\$	0.00	
Cross receipts i list	Gloup	<u> </u>	0.00	Gross Receipts Sec	oria Oroup	*	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTY-FIRST	SUBSCRIBER GRO)UP	FIF	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
					<u></u>			
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		-						
		<u> </u>			<u></u>			
	·····				·····			
			···		••••			
			<mark></mark>		<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.300	. J. 556				С. Эцр		3.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Ridge Cable Technologies Inc 30322							Name	
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		11	/-FOURTH	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
								and
								Syndicated
			 				<u>.</u>	Exclusivity Surcharge
							<u>-</u>	for
		-						Partially
								Distant
								Stations
							<u> </u>	
		-					<u> </u>	
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	
	ry-FIFTH	SUBSCRIBER GROU	JP	Ti .	TY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-					<u></u>	
		-					<u> </u>	
							<u>-</u>	
						-	<u>-</u>	
							<u> </u>	
Total DCCa			0.00	Total DCFs	l		0.00	
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 a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Ridge Cable Technologies Inc 30322								
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
FIFT	Y-SEVENTH	SUBSCRIBER GRO	DUP	FI	FTY-EIGHTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	١		0	COMMUNITY/ ARE	Α		0	9
CALL SIGN			Dec		DOE	11	Dec	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
						+		and
						-		Syndicated
								Exclusivity
								Surcharge
								for
								Partially
						-		Distant
	·····					-		Stations
	·····		····					
						-		
Total DSEs			0.00	Total DSEs			0.00	
ross Receipts First Group \$ 0.00				Gross Receipts Sec				
Gloss Necelpls Filst	Огоир	-	0.00	Gross Neceipis Sec	ona Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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 Fou	rth Group	\$	0.00	
Base Rate Fee Third	l 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.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Blue Ridge Cable Technologies Inc 30322								
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP			
SIX	TY-FIRST	SUBSCRIBER GRO		SIX	TY-SECOND	SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
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								Partially Distant	
	···		···		·····			Stations	
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	<mark></mark>								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SIX	TY-THIRD	SUBSCRIBER GRO	UP	SIX	TY-FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
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	<u>\$</u>	0.00		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Ridge Cable Technologies Inc 30322								
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	(TY-FIFTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
		-				-		Surcharge
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	···		···		·····	-		Partially Distant
	···		<u></u>			-		Stations
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	
SIXTY-	SEVENTH	SUBSCRIBER GRO	UP	SIX	XTY-EIGHTH	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 Four	th Group	\$	0.00	
Base Rate Fee Third (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.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Ridge Cable Technologies Inc 30322								
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SIX	TY-NINTH	SUBSCRIBER GRO		S	SEVENTIETH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	Base Rate Fee
					•••••			and
								Syndicated
								Exclusivity
						-		Surcharge
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	<u> </u>							
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	
SEVEN	ITY-FIRST	SUBSCRIBER GRO	UP	SEVEN	TY-SECOND	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 0	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third 0	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.	\$		

Blue Ridge Cable						S	YSTEM ID# 30322	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		ļ						Base Rate Fe
	····							and
								Syndicated Exclusivity
								Surcharge
								for
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	····							Stations
	····			1				
	••••							
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-FIFTH	SUBSCRIBER GRO	UP	SEV	ENTY-SIXTH	I SUBSCRIBER GROU	JP	
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	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
					-			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	-SEVENTH	SUBSCRIBER GRO		tt -		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OF ILLE GIGIT	DOL	GALL STORY	DOL	OF ILLE CICIT	502	O/ LEE GIGIT	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
						<u> </u>		Surcharge
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	···		<u></u>					Partially
						 		Distant Stations
	···					-		Stations
	···	L						
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	2.0up				0.14 O.04p			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	ITY-NINTH	SUBSCRIBER GRO)UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
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	<u></u>		<u></u>					
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	<u></u>						····	
						1		
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			scriber group	as shown in the boxe	es above.	\$		

Blue Ridge Cable Te		E SYSTEM: ogies Inc					YSTEM ID# 30322	Name
				TE FEES FOR EAC				
	-FIRST	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
					····		<u></u>	and Syndicate
								Exclusiv
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otal DSEs			0.00	Total DSEs	<u> </u>	11	0.00	
		•						
Gross Receipts First Grou	ıb	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHTY	-THIRD	SUBSCRIBER GRO	JP	EIGH	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			0.00	Total DSEs			0.00	
otal DSEs				Gross Receipts Four	th Group	\$	0.00	
otal DSEs Gross Receipts Third Gro	up	\$	0.00	Oross recepts rour				
	up	\$	0.00	Gross receipts rour				

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	HTY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
			<u></u>					Syndicated
				-				Exclusivity Surcharge
				1				for
								Partially
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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	
EIGHTY	-SEVENTH	SUBSCRIBER GRO	UP	EIG	HTY-EIGHTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-						
	<u></u>		<mark></mark>					
Total DSEs			0.00	Total DSEs		11	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			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
				TE FEES FOR EAC				
	TY-NINTH	SUBSCRIBER GRO				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 Fee
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		-		·				for
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRO	UP	NINE	TY-SECONE	SUBSCRIBER GROU	JP	
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	-roup	\$	0.00	Gross Receipts Fou	πn 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 boxe	s above.	\$		

LEGAL NAME OF OW Blue Ridge Cab						S	YSTEM ID# 30322	Name
				ATE FEES FOR EACH			ID	
COMMUNITY/ AREA		SUBSCRIBER GROU	<u>0</u>	COMMUNITY/ AREA		I SUBSCRIBER GROU	0 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
ONLE GIGIT	DOL	OALL GIGIT	DOL	Office Office	DOL	O'ALL GIGIT	DOL	Base Rate Fee
								and
		-						Syndicated
					 			Exclusivity Surcharge
								for
								Partially
	·····							Distant Stations
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	·····				<u></u>		<u></u>	
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	
		SUBSCRIBER GROU		II		I SUBSCRIBER GROU		-
COMMUNITY/ AREA	٩		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			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	-SEVENTH	SUBSCRIBER GRO				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 Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
								for Partially
	···			·				Distant
	···							Stations
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 (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GRO	UP	ONE I	HUNDREDTH	SUBSCRIBER GROU	JP	
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		<u> </u>	0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	up	·			Отобр			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
				TE FEES FOR EAC				
ONE HUNDE	RED FIRST	SUBSCRIBER GRO	UP	ONE HUNDR	ED SECOND	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
	<mark></mark>							Syndicated
	····		<u> </u>		<u></u>	-	<u></u>	Exclusivity Surcharge
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	····		<u> </u>		•••••		····	Partially
								Distant
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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 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDR	RED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	SUBSCRIBER GROU	JP	1
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 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			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Blue Ridge Cable						S	YSTEM ID# 30322	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	ED FIFTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	<u> </u>						<u></u>	Syndicated
	<u> </u>		<u> </u>				<u></u>	Exclusivity Surcharge
	<u>-</u>	-			••••			for
								Partially
	<u> </u>							Distant
	<mark></mark>							Stations
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	··		•		•••••			
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 Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO		ii		SUBSCRIBER GROU	JP	
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 Foul	rth Group	\$	0.00	
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.	\$		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
E	BLOCK A: (COMPUTATION O	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDE	RED NINTH	SUBSCRIBER GRO	UP	ONE HUND	RED TENTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate Fee
						-		and
								Syndicated
			<u></u>					Exclusivity
	····		. 		·····		····	Surcharge for
	····		. 			-		Partially
	••••							Distant
								Stations
			<u></u>					
	<mark>.</mark>		<u></u>					
			<u></u>					
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 (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	····		<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

		SUBSCR	TE EEES EOD EACI				
0 9					COMPUTATION OF		
	SUBSCRIBER GROU	JRTEENTH	ONE HUNDRED FO		SUBSCRIBER GROU	RTEENTH	ONE HUNDRED THI
Computation			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe							
and Syndicated		<u></u>					
Exclusivity		<u> </u>					
Surcharge							
for							
Partially Distant		<u></u>					
Stations							
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0.00			Total DSEs	0.00			Total DSEs
0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
0.00	\$	nd Group	Base Rate Fee Second	0.00	\$	Group	Base Rate Fee First G
IBER GROUP	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GROU	IFTEENTH	ONE HUNDRED FI
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
SIGN 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	\$	h Group	Gross Receipts Fourt	0.00	\$	Group	Gross Receipts Third (
0.00	\$	n Group	Base Rate Fee Fourt	0.00	\$	Group	Base Rate Fee Third (

LEGAL NAME OF OWNE						S	YSTEM ID# 30322	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO		H .		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 Fee
								and
								Syndicated
								Exclusivity
								Surcharge
		-						for Partially
				·				Distant
			<u> </u>		••••			Stations
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 NII	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
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	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
			_					
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWE	ENTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
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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	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<mark>.</mark>			
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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 Enter here and in bloo			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		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
						-		Base Rate Fe
			<u>-</u>					and Syndicated
								Exclusivity
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								for
			<u></u>					Partially
			<u></u>					Distant Stations
			. 					Stations
	····							
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	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TWI	ENTY-EIGHTH	I 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	
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			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Blue Ridge Cable						S	YSTEM ID# 30322	Name
BI	_OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED TWEN						SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
O/ LEE OF OTT	DOL	OF ILL CICIT	BOL	OF REE GIGIT	DOL	07 KEE 01011	DOL	Base Rate Fee
								and
								Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
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 Seco	ond Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-SECOND	SUBSCRIBER GROUP)	
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 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 th	e hase rat	e fees for each subsc	riher aroun	as shown in the hove	s above			
Enter here and in block			g.oup			\$		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TH	RTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TH	IRTY-FOURTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						H		Exclusivity
			<u></u>			-		Surcharge
	···					-		for Partially
	···	-						Distant
	••••••••••					-	••••	Stations
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 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
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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			scriber group	as shown in the boxe	es above.	\$		

and Syndicated Exclusivity Distant Stations Total DSEs Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNIT	LEGAL NAME OF OWNE						S	YSTEM ID# 30322	Name
CALL SIGN DSE CALL SIGN	В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
CALL SIGN DSE CALL SIGN		-SEVENTH	SUBSCRIBER GROU		††		H SUBSCRIBER GROUP		۵
CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
and Syndicated Exclusivity Distant Stations Total DSEs Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNIT		1		DSE	H				
Syndicates Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00 Gross Receipts First Group S Base Rate Fee Fourth Group CALL SIGN DSE CALL									Base Rate Fee
Exclusivity Surcharge for Partiality Distant Stations Total DSEs									and
Surcharge for for for for more stations			-				-		Syndicated
Total DSEs									
Partially Distant Stations Total DSEs Gross Receipts First Group S Base Rate Fee First Group S COMMUNITY/ AREA COMMUNI		<u> </u>			-				
Distant Stations		<u></u>		······································	·				
Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group OME HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA OCMMUNITY/ AREA OCMUNITY/ AREA OCMUNITY/ A									
Gross Receipts First Group Base Rate Fee First Group S ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									Stations
Gross Receipts First Group Base Rate Fee First Group S ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL				<u></u>					
Gross Receipts First Group Base Rate Fee First Group S ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Gross Receipts First Group Base Rate Fee First Group S ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL		<u></u>							
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee Second Group S O.00 ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O Total DSEs Gross Receipts Third Group S O.00 Base Rate Fee Fourth Group S O.00 Base Rate Fee Fourth Group S O.00 S ONE HUNDRED FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA		···							
Gross Receipts First Group Base Rate Fee First Group S ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Base Rate Fee First Group ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL	Total DSEs		•	0.00	Total DSEs	•	•	0.00	
ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE	Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE									
COMMUNITY/ AREA 0 COMMUNITY/ A	Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CA	ONE HUNDRED THII	RTY-NINTH	SUBSCRIBER GROU	P	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP	
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Company Sample S	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00				<u></u>					
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		<u></u>		<u></u>					
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		··		-					
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		<u></u>							
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		···		<u>-</u>					
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Total DSEs			0.00	Total DSEs			0.00	
	Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
									
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.					<u> </u>				
Enter here and in block 3, line 1, space L (page 7)				criber group	as shown in the boxe	es above.			

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FO	ORTY-FIRST	SUBSCRIBER GROUI	P	ONE HUNDRED FO	RTY-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
		-						Syndicated
	<u></u>		<u></u>					Exclusivity Surcharge
	····	-	···			-		for
	····	-	<u></u>		····	-		Partially
								Distant
								Stations
						-		
	····		···					
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	
ONE HUNDRED FO	ORTY-THIRD	SUBSCRIBER GROU	P	ONE HUNDRED FO	RTY-FOURTH	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	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

Name	YSTEM ID# 30322	s						LEGAL NAME OF OWNE Blue Ridge Cable		
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL		
9		SUBSCRIBER GROUP	RTY-SIXTH		•	SUBSCRIBER GROUP	RTY-FIFTH			
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate F	····						·			
and Syndicate										
Exclusivit										
Surcharge										
for										
Partially										
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Stations						-	-			
	2.00		<u> </u>							
	0.00			Total DSEs	0.00	-		Total DSEs		
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G		
	1	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR	1	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	····									
							·			
				Total DSEs	0.00		'	otal DSEs		
	0.00			11						
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
				TE FEES FOR EAC				
ONE HUNDRED FOR	RTY-NINTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL CICIT	DOL	OF LEE GIGIT	BOL	OF ILLE STORY	502	OF ILLE GIGIT	DOL	Base Rate Fee
								and
								Syndicated
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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 (\$	0.00	Base Rate Fee Sec		\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		ii		SUBSCRIBER GROU		
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	-1		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			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Blue Ridge Cable						S	YSTEM ID# 30322	Name
				TE FEES FOR EAC				
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO				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
			····					Syndicated
		H			·····			Exclusivity Surcharge
	••••	-	••••			•		for
								Partially
								Distant
								Stations
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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	
ONE HUNDRED FI	FTY-FIFTH	SUBSCRIBER GRO	DUP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GROU	JP	
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	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	orth Group	\$	0.00	
C.000 Receipts Tilliu	Cioup	•	<u> </u>	- 1000 Receipts I ou	Group	*	<u> </u>	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

Name	YSTEM ID# 30322	S						LEGAL NAME OF OWNE Blue Ridge Cable
	_			TE FEES FOR EACH				
9		SUBSCRIBER GROUP	TY-EIGHTH			SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FIFTY
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		_						
Syndicated								
Exclusivity								
Surcharge for	····					-		
Partially								
Distant								
Stations								
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	0.00		<u> </u>	T / I DOE	0.00			F
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
)	SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDRE)	SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		_				-	<u>.</u>	
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	0.00			Total DSEs	0.00			Total DSEs
		\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	0.00		•					

	ID			TE FEES FOR EACH				В
9	<u>0</u>	SUBSCRIBER GROU	SECUND	COMMUNITY/ AREA		SUBSURIDER GRUL		COMMUNITY/ AREA
Computat				COMMONT IT AREA				DOMINIONIT IT AIREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and		_				-		
Syndicate		_				-	<mark></mark>	
Exclusivi								
Surcharg	····			•••••		-		
for Partially								
Distant								
Stations	····			••••••			···	
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			<u> </u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	Group	ross Receipts First C
	0 00	¢	d Group	Rasa Rate Fee Secon	0.00	e	Group	aso Rato Foo First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
		SUBSCRIBER GROU		Base Rate Fee Secon				ase Rate Fee First G
				Base Rate Fee Secon COMMUNITY/ AREA	SE	THIRD		
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	OMMUNITY/ AREA
	JP				JP 0	SUBSCRIBER GROU	THIRD	OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FOURTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	THIRD	CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	JP 0	SUBSCRIBER GROU	DSE	OMMUNITY/ AREA CALL SIGN One of the control of th
	DSE DSE O.00	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA CALL SIGN	DSE O.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
	DSE DSE O.00	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Cotal DSEs Gross Receipts Third (

LEGAL NAME OF OWNE Blue Ridge Cable						S	YSTEM ID# 30322	Name
В				TE FEES FOR EAC				
000000000000000000000000000000000000000	FIFTH	SUBSCRIBER GRO		001414111111111111111111111111111111111		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
			<u></u>					and
								Syndicated Exclusivity
	·-						····	Surcharge
			<u>-</u>					for
								Partially
								Distant
			<u></u>			-		Stations
						H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	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	
,	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	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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			<u>-</u>			H		
Tatal DOT -			0.00	Tatal DOT-			0.00	
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 0	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Group \$	\$		0.00	Gross Receipts Four	th Group	\$	0.00	

LEGAL NAME OF OWNE Blue Ridge Cable						S	YSTEM ID# 30322	Name
BL				TE FEES FOR EACH				
	NINTH	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
								and
		-						Syndicated Exclusivity
						-		Surcharge
		-				-		for
								Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
EL	EVENTH	SUBSCRIBER GRO	UP		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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	l		·					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	•				r			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
		e fees for each subs	criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 30322	s					R OF CABI	Blue Ridge Cable
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	JRTEENTH			SUBSCRIBER GRO	RTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		<u> </u>						
Syndicated		-	<u>.</u>					
Exclusivity								
Surcharge for	<u></u>	-	<u>.</u>				·	
Partially	····		<u> </u>					
Distant	•••••••••••				•			
Stations								
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	<u></u>	 	<mark>.</mark>					
	0.00	11		Total DSEs	0.00			Fotal DSEs
				Total DSEs		_		
	0.00	\$	id Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	IXTEENTH	S	UP	SUBSCRIBER GRO	FTEENTH	FII
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
		CALL SIGN				CALL SIGN		CALL SIGN CALL SIGN Total DSEs Gross Receipts Third C
	0.00	CALL SIGN		Total DSEs	0.00			Total DSEs

Blue Ridge Cable		LE SYSTEM: ogies Inc				S	YSTEM ID# 30322	Name
				TE FEES FOR EACH				
	TEENTH	SUBSCRIBER GRO			GHTEENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
			·			<u> </u>		and
		-			•••	-		Syndicated
		-						Exclusivity
								Surcharge
								for
						<u> </u>	<u>.</u>	Partially
								Distant
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Total DSEs		.	0.00	Total DSEs	1		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NIN	TEENTH	SUBSCRIBER GRO	UP	Т	WENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<mark></mark>			
	l							
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fourth	h Group	\$	0.00	
Total DSEs Gross Receipts Third G	·	\$			·	\$		

Exclusivity
O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant
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and Syndicated Exclusivity Surcharge for Partially Distant
Syndicated Exclusivity Surcharge for Partially Distant
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Surcharge for Partially Distant
for Partially Distant
Partially Distant
Distant
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oup \$ 0.00 Gross Receipts Second Group \$ 0.00
pup \$ 0.00 Base Rate Fee Second Group \$ 0.00
Y-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP
0 COMMUNITY/ AREA 0
DSE CALL SIGN DSE CALL SIGN DSE
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oup <u>\$</u> 0.00 Gross Receipts Fourth Group <u>\$</u> 0.00
oup \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

Name	30322	S'					Technol	Blue Ridge Cable
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and						H	<u></u>	
Syndicated							<u></u>	
Exclusivity		-						
Surcharge for								
Partially		-			-		<u></u>	
Distant					-			
Stations								
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					<u> </u>		<u>. </u>	
							<u></u>	
	0.00	Ц		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	<u> </u>	roup	Gross Receipts First G
	0.00	4	u Group	Gross Neceipts Secon		\$	поир	Sioss Neceipts i list G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP	SUBSCRIBER GRO	SEVENTH	TWENTY-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	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C

# 2 Name	30322						recilion	Blue Ridge Cable
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	HIRTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	I Y-NINTH	TWENT COMMUNITY/ AREA
Computat								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							·	
Syndicat	<u></u>							
Exclusiv		=						
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for		_						
Partially Distant								
Stations	····	-						
	<u> </u>							
_	0.00			Total DSEs	0.00			Total DSEs
-	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
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 	<u>'</u>				'		-	THIR
 = - -	JP			THIRT	JP		-	THIR
	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR'
 	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR'
	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR'
	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR'
	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR'
	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR'
	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR'
	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR'
	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR'
	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR'
	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR'
	JP 0	SUBSCRIBER GROU	-SECOND	THIRT'	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROU	-SECOND DSE	THIRTY COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	THIR COMMUNITY/ AREA CALL SIGN Fotal DSEs
	DSE DSE O.00	SUBSCRIBER GROU	-SECOND DSE	THIRTY COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.00	CALL SIGN	DSE	THIR COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE DSE O.00	SUBSCRIBER GROU	-SECOND DSE Group	THIRTY COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.00	CALL SIGN	TY-FIRST DSE Group	THIR'

LEGAL NAME OF OWNE Blue Ridge Cable						S	YSTEM ID# 30322	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GRO			/-FOURTH	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
								and
								Syndicated
						-	<u></u>	Exclusivity
								Surcharge for
						-		Partially
		-						Distant
								Stations
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						<u> </u>		
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	
THIR	ΓY-FIFTH	SUBSCRIBER GRO	UP	THIF	RTY-SIXTH	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	<u>. </u>		0.00	Total DSEs	1	П	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	7STEM ID# 30322	S						LEGAL NAME OF OWNE Blue Ridge Cable
<u> </u>				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
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			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	FORTIETH		UP	SUBSCRIBER GRO	TY-NINTH	THIR
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	0.00			Total DSFs	0.00			Total DSTs
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C

Name	7STEM ID# 30322					LE SYSTEM: ogies Inc		Blue Ridge Cable
				TE FEES FOR EACH				
9	IP	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
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			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	/-FOURTH	FORT	UP	SUBSCRIBER GRO	TY-THIRD	FOR ⁻
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
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otal DSEs		0.00	Total DSEs		-	0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group							
add Hato Foot hot croup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
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FORTY-SEVENT		·		RTY-EIGHTH		•	
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	le Technol	ogies Inc					30322	Name
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Total DSEs			0.00	Total DSEs		-!-	0.00	
Gross Receipts Firs	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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		SUBSCRIBER GRO		iii		SUBSCRIBER GRO	UP	
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CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	Total DSEs		CALL SIGN	DSE	
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Total DSEs Gross Receipts Thir	d Group		0.00	Total DSEs Gross Receipts Fou	DSE		0.00	
Total DSEs	d Group		0.00	Total DSEs	DSE		0.00	

Name	YSTEM ID# 30322						R OF CABL	Blue Ridge Cable
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
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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		SUBSCRIBER GROU			IID.			
	JP	30B3CKBEK GKOC	TY-SIXTH	FI	UP	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0		TY-SIXTH	FI COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GROU	TY-FIFTH	
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GHTH SUBSCRIBER GROUP		TE FEES FOR EACH				
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TETH SUBSCRIBER GROUP	SIXTIETH		JP	SUBSCRIBER GROU	TY-NINTH	FIF
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E CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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p <u>\$ 0.00</u>	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third (
		Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third (

2 Name	30322						Technol	
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	-SECOND	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	I Y-FIRST	SIX COMMUNITY/ AREA
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Name	YSTEM ID# 30322					ogies Inc		LEGAL NAME OF OWNE Blue Ridge Cable
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	TY-NINTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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				TE FEES FOR EACH				
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		te fees for each subs space L (page 7)	scriber group	as shown in the boxe	s above.	\$		

Computation Of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 O.00 O.00 SCRIBER GROUP O O O O O O O O O O O O O	EGAL NAME OF OWNE Blue Ridge Cable						SY	STEM ID# 30322	Name	
O Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 O.00 O.00 SCRIBER GROUP O				BASE RA	TE FEES FOR EACH					
Computation ALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 SCRIBER GROUP 0		TY-THIRD	SUBSCRIBER GROUP		H	Y-FOURTH	SUBSCRIBER GROUP		a	
ALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 SCRIBER GROUP 0	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_	
and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 SCRIBER GROUP 0	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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SCRIBER GROUP 0	Gross Receipts First Gr	oup	\$ 0.00		Gross Receipts Secon	d Group	\$	0.00		
0	3ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
	ONE HUNDRED THIR	ΓY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED THIS	RTY-SIXTH	SUBSCRIBER GROU	P		
ALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ AREA					
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0.00	3ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		

Blue Ridge Cable		E SYSTEM: Ogies Inc				S	YSTEM ID# 30322	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
						-		and
								Syndicated
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								Surcharge for
								Partially
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								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRED	FORTIETH	SUBSCRIBER GROU	JP	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Gross Receipts Third G				11				
				ots Fourt	h Group	\$	-	

	YSTEM ID# 30322	S'					R OF CABL	Blue Ridge Cable
		IBER GROUP	SUBSCR	TE FEES FOR EACH				
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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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and								
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		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FOR)	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
	COMMUNITY/ AREA 0				0		COMMUNITY/ AREA	
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Name	YSTEM ID# 30322	S)						Blue Ridge Cable
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BL
0		SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED FO)	SUBSCRIBER GROUI	RTY-FIFTH	ONE HUNDRED FOR
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
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		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR)	SUBSCRIBER GROUI	-SEVENTH	ONE HUNDRED FORTY-
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LEGAL NAME OF OWNER Blue Ridge Cable						SY	30322	Name		
				TE FEES FOR EACH						
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU			FIFTIETH	SUBSCRIBER GROUP		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				0 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00			
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU	ΙP	ONE HUNDRED FIFTY	-SECOND	SUBSCRIBER GROUP)			
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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 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 a	bove.	\$				

	30322	Sì			•			LEGAL NAME OF OWNER Blue Ridge Cable
				TE FEES FOR EACH				
9	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP					SUBSCRIBER GROU	Y-THIRD	ONE HUNDRED FIFT
Computation	COMMUNITY/ AREA 0					0		COMMUNITY/ AREA
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		IBER GROUP I SUBSCRIBER GROUP		TE FEES FOR EACH				ONE HUNDRED FIFTY
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	JP	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	TY-NINTH	ONE HUNDRED FIF
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Blue Ridge Cable Technologies Inc 30322 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Blue Ridge Cable Technologies Inc 30322 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Blue Ridge Cable Technologies Inc 30322 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. NINTH SUBSCRIBER GROUP TENTH 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 **ELEVENTH SUBSCRIBER GROUP** TWELVTH 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

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Blue Ridge Cable Technologies Inc 30322 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. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH 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 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH 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

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FORM SA3E. PAGE 20.

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