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

Return completed workbook by email to:

## coplicsoa@loc.gov

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

| Α   | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:   |  |  |                |  |  |  |  |  |
|---|--|--|--|----------------|--|--|--|--|--|
| Accounting  | 2018/1   |  |  |                |  |  |  |  |  |
| Period  | Instructions:  |  |  |                |  |  |  |  |  |
| <b>B</b><br>Owner   | Give the full legal name of the owner of the cable system.<br>rate title of the subsidiary, not that of the parent corporation<br>List any other name or names under which the owner con<br><i>If there were different owners during the accounting perio</i><br><i>a single statement of account and royalty fee payment coverin</i><br>Check here if this is the system's first filing. If not, enter      | ducts the business of the cable system<br>d, only the owner on the last day of the<br>g the entire accounting perioo                           | e accounting period should s   |                |  |  |  |  |  |
|   | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABL  | E SYSTEM   |  |                |  |  |  |  |  |
|   | CABLE ONE, INC.  |  |  |                |  |  |  |  |  |
|   | 210 E. EARLL DRIVE<br>PHOENIX, AZ 85012-2626   |  |  | 2018/1         |  |  |  |  |  |
| С   | <b>INSTRUCTIONS:</b> In line 1, give any business or trade na names already appear in space B. In line 2, give the mai   | 3  | . ,  |                |  |  |  |  |  |
| System  | 1 IDENTIFICATION OF CABLE SYSTEM:  |  | ¥  |                |  |  |  |  |  |
|   | MAILING ADDRESS OF CABLE SYSTEM:<br>1045 SOUTH COMMERCIAL, PO BOX 15<br>(Number, street, rural route, apartment, or suite number)<br>ARANSAS PASS, TX 78336<br>(City, town, state, zip code)   | 70   |  |                |  |  |  |  |  |
| D   |  | · · · • • • • • • • • • • • • • • • • •  |  |                |  |  |  |  |  |
| D   | Instructions: For complete space D instructions, see pa  | ige 1b. Identify only the frst commu   | nity served below and rel  | ist on page 1b |  |  |  |  |  |
| Area<br>Served  | with all communities.  | OTATE  |  |                |  |  |  |  |  |
| First   | CITY OR TOWN ARANSAS PASS  | STATE<br>TX  |  |                |  |  |  |  |  |
| Community   | Below is a sample for reporting communities if you rep   |  | ice G  |                |  |  |  |  |  |
|   | CITY OR TOWN (SAMPLE)  | STATE  | CH LINE UP   | SUB GRP#       |  |  |  |  |  |
| Sampla  | Alda   | MD   | Α  | 1              |  |  |  |  |  |
| Sample  | Alliance   | MD   | В  | 2              |  |  |  |  |  |
|   | Gering   | MD   | В  | 3              |  |  |  |  |  |
| form in order to pro<br>numbers. By provid<br>search reports prep | e: Section 111 of title 17 of the United States Code authorizes the Copyrig<br>beess your statement of account. PII is any personal information that can<br>ding PII, you are agreeing to the routine use of it to establish and maintair<br>pared for the public. The effect of not providing the PII requested is that it<br>of statements of account, and it may affect the legal suffciency of the fling | be used to identify or trace an individual, su<br>n a public record, which includes appearing i<br>may delay processing of your statement of a | ch as name, address and teleph<br>n the Offce's public indexes and<br>account and its placement in the | one<br>I in    |  |  |  |  |  |

FOR COPYRIGHT OFFICE USE ONLY DATE RECEIVED AMOUNT

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02/28/2019 ALLOCATION NUMBER

| STATE | EMENT | ACCC | DUNT |
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for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

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| ORM SA3E. PAGE 1D.   |                                       |                    |            | 1   |
|--|---------------------------------------|--------------------|------------|---|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |                                       |                    | SYSTEM ID# |   |
| CABLE ONE, INC.  |                                       |                    |            |   |
| <b>Instructions:</b> List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporatea and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first | orated communitient to community that | es within unincorp | orated     | D<br>Area<br>Served                         |
| <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hom below 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., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).                                | e column blank. If                    | you report any st  | ations     |   |
| When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be  | a subscriber grou                     |                    |            |   |
| CITY OR TOWN   | STATE                                 | CH LINE UP         | SUB GRP#   | -   |
| ARANSAS PASS   | ТХ                                    |                    |            | First                                       |
| ARANSAS PASS COUNTY  | ТХ                                    |                    |            | Community                                   |
| CITY BY THE SEA  | TX                                    |                    |            |   |
| GREGORY  | TX                                    |                    |            |   |
|  | TX                                    |                    |            |   |
| INGLESIDE BY THE BAY<br>PALM HARBOR  | TX<br>TX                              |                    |            | See instructions for additional information |
| SAN PATRICIO COUNTY  | ТХ                                    |                    |            | on alphabetization.                         |
|  | ТХ                                    |                    |            |   |
|  |                                       |                    |            |   |
|  |                                       |                    |            |   |
|  |                                       |                    |            | Add rows as necessary.                      |
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|                             | LEGAL NAME OF OWNER OF CABL  | E SYSTEM:   |   |                         |     |             |          |                |        |              |                | SYS |      |
|-----------------------------|--|---|---|-------------------------|-----|-------------|----------|----------------|--------|--------------|----------------|-----|------|
| Name                        | CABLE ONE, INC.  |   |   |                         |     |             |          |                |        |              |                |     |      |
| _                           | SECONDARY TRANSMISSION   |   | IBSCR   |                         | > ^ | TES         |          |                |        |              |                |     |      |
| E                           | In General: The information in s   |   | -   | -                       |     | -           | y tran   | smission :     | se     | ervice of th | ne cable       |     |      |
|                             | system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information |   |   |                         |     |             |          |                |        |              |                |     |      |
| Secondary                   | about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the |   |   |                         |     |             |          |                |        |              |                |     |      |
| ransmission<br>ervice: Sub- |  |   | (June 30 or December 31, as the case may be). |                         |     |             |          |                |        |              |                |     |      |
| scribers and                |  | blocks in space E call for the number of subscribers to the cable system, broken transmission service. In general, you can compute the number of subscribers in |   |                         |     |             |          |                |        |              |                |     |      |
| Rates                       | each category by counting the n  |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | separately for the particular serv   |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | Rate: Give the standard rate c<br>unit in which it is generally billed   |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | category, but do not include disc  |   |   |                         |     | iy stanuai  | lu lau   |                | 15     | wiunnap      |                |     |      |
|                             | Block 1: In the left-hand block  |   |   |                         |     | ies of seco | ondar    | y transmis     | ss     | ion servic   | e that cable   |     |      |
|                             | systems most commonly provide  |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | that applies to your system. Note  |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | categories, that person or entity<br>subscriber who pays extra for ca  |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | first set" and would be counted of   |   |   |                         |     |             | ul       |                |        |              |                |     |      |
|                             | Block 2: If your cable system  | has rate catego   | ories fo                                      | r secondary tra         | an  | smission    |          |                |        |              |                |     |      |
|                             | printed in block 1 (for example, t<br>with the number of subscribers a   |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | sufficient.  | ind rates, in the   | e ngnt-i                                      | Tanu Diock. A           | LVV |             | e-woi    | u descript     |        | on or the s  | ervice is      |     |      |
|                             |  | DCK 1   |   |                         | Π   |             |          |                |        | BLOC         | K 2            |     |      |
|                             |  | NO. OF  |   |                         | Π   | CAT         | NO. OF   |                | NO. OF | <u>,</u>     | рате           |     |      |
|                             | CATEGORY OF SERVICE<br>Residential:  | SUBSCRIB  | EKS   | RATE                    | H   | CATE        | EGOF     | T OF SE        | R      | VICE         | SUBSCRIBER     | >   | RATE |
|                             | Service to first set   |   | 3,342   | \$ 40.00                |     |             |          |                |        |              |                |     |      |
|                             | Service to additional set(s)   |   | 2.640   | •                       | 1   |             |          |                | ••••   |              |                |     |      |
|                             | • FM radio (if separate rate)  |   |   |                         | 1   |             |          |                | ••••   |              |                |     |      |
|                             | Motel, hotel   |   | 39  | \$ 15.00                | 1   |             |          |                | ••••   |              |                |     |      |
|                             | Commercial   |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | Converter  |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | Residential  |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | <ul> <li>Non-residential</li> </ul>  |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             |  | I   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | SERVICES OTHER THAN SEC<br>In General: Space F calls for rate  |   |   |                         |     |             |          | r cabla sve    | o ta   | om's son     | icos that woro |     |      |
| F                           | not covered in space E, that is, t   |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | service for a single fee. There ar   |   |   |                         |     |             |          |                |        |              |                |     |      |
| Services                    | furnished at cost or (2) services  |   |   |                         |     |             |          |                |        |              |                |     |      |
| Other Than<br>Secondary     | amount of the charge and the ur<br>enter only the letters "PP" in the  |   | usually                                       | billed. If any i        | a   | tes are ch  | argeo    | d on a vari    | a      | ble per-pr   | ogram basis,   |     |      |
| ansmissions:                | Block 1: Give the standard rat   |   | he cabl                                       | le system for e         | a   | ch of the a | applic   | able servi     | ce     | es listed.   |                |     |      |
| Rates                       | Block 2: List any services that  | your cable sys  | stem fu                                       | rnished or offe         | ere | ed during t | the ad   | ccounting      | pe     | eriod that   |                |     |      |
|                             | listed in block 1 and for which a  |   |   |                         | lis | shed. List  | these    | e other ser    | vi     | ces in the   | form of a      |     |      |
|                             | brief (two- or three-word) descrip   | otion and includ  | le the r                                      | ate for each.           |     |             |          | T              |        |              |                |     |      |
|                             |  | BLO   |   |                         |     |             |          |                |        |              | BLOCK          |     |      |
|                             | CATEGORY OF SERVICE  | RATE  |   | GORY OF SE              |     |             | F        | RATE           |        | CATEGO       | RY OF SERVIC   | E   | RATE |
|                             | Continuing Services:   | ¢ 10.95   |   | ation: Non-re           | SI  | dential     | ¢        | 16.04          |        |              |                |     |      |
|                             | <ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> </ul>   | \$ 10.95<br>\$ 10.95  |   | otel, hotel<br>mmercial |     |             | \$<br>\$ | 16.04<br>10.69 |        |              |                |     |      |
|                             | Fire protection  | ψ 10.95   |   | y cable                 |     |             | Ψ        | 10.03          | ł      |              |                |     |      |
|                             | •Burglar protection  |   |   | y cable-add'l c         | :h  | annel       | ·····    |                | ŀ      |              |                |     |      |
|                             | Installation: Residential  |   |   | e protection            |     |             | <b> </b> |                | ŀ      |              |                |     |      |
|                             | First set  | \$ 45.00  |   | rglar protection        | n   |             |          |                | ŀ      |              |                |     |      |
|                             | Additional set(s)  | \$ 10.69  |   | services:               |     |             |          |                | ļ      |              |                |     |      |
|                             | • FM radio (if separate rate)  |   | • Re  | connect                 |     |             | \$       | 45.00          | ľ      |              |                |     |      |
|                             |  |   |   |                         |     |             |          |                |        |              |                |     |      |
|                             | Converter  |   | • Dis   | sconnect                |     |             | \$       | 16.49          |        |              |                |     |      |

Move to new address

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FORM SA3E. PAGE 3.

| LEGAL NAME OF C  | DWNER OF CABLE S'   | YSTEM:   |   |  | SYSTEM ID#  | Name  |
|--|---|--|---|--|---|---|
|  |   | N  |   |  |   |   |
| carried by your cab<br>FCC rules and regr<br>76.59(d)(2) and (4)<br>substitute program<br><b>Substitute Bas</b><br>basis under specific<br>Do not list the sta<br>station was carr<br>List the station here<br>basis. For furthe<br>in the paper SA<br><b>Column 1:</b> List<br>each multicast stre<br>cast stream as "WE<br>WETA-simulcast).<br><b>Column 2:</b> Give<br>ts community of lic<br>on which your cabl<br><b>Column 3:</b> Indice<br>educational station<br>(for independent m<br>For the meaning of<br><b>Column 4:</b> If the<br>planation of local s   | ble system during t<br>ulations in effect o<br>(), 76.61(e)(2) and ()<br>basis, as explaine<br><b>is Stations:</b> With<br>c FCC rules, regula-<br>tion here in space<br>ied only on a subs<br>ere, and also in spa-<br>er information cond<br>3 form.<br>each station's call<br>am associated wit<br>ETA-2". Simulcast<br>the channel num-<br>bense. For example<br>e system carried th<br>cate in each case of<br>, by entering the le<br>ulticast), "E" (for n<br>these terms, see<br>e station is outside<br>ervice area, see p-<br>u have entered "Y | he accounting<br>n June 24, 19<br>(4), or 76.63 (r<br>ed in the next  <br>respect to any<br>ations, or auth<br>G—but do lis<br>titute basis.<br>ace I, if the stat<br>cerning substit<br>sign. Do not r<br>h a station ac<br>streams must<br>ber the FCC h<br>e, WRC is Ch<br>ne station.<br>whether the stat<br>etter "N" (for n<br>oncommercia<br>page (v) of the<br>etter action ac | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>y distant stations<br>iorizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its ov<br>t be reported in o<br>has assigned to<br>annel 4 in Wash<br>tation is a networ<br>etwork), "N-M" (<br>I educational), c<br>e general instruct<br>4, you must cor | (1) stations carrie<br>the carriage of cert<br>1(e)(2) and (4))]; is<br>a carried by your of<br>the Special Statem<br>d both on a substi-<br>ns, see page (v) of<br>the program service<br>er-the-air designal<br>column 1 (list eac<br>the television stat<br>ington, D.C. This<br>with station, an inder<br>for network multion<br>or "E-M" (for nonco<br>ctions located in the<br>ions located in the<br>mplete column 5, | stating the basis on which your   | G<br>Primary<br>Transmitters:<br>Television |
| For the retransm<br>of a written agreem<br>he cable system a<br>ion "E" (exempt). F<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican  | nission of a distant<br>nent entered into o<br>nd a primary trans<br>For simulcasts, als<br>the three categories<br>the location of ea<br>or Canadian static  | me basis beca<br>t multicast stre<br>n or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fo<br>ons, if any, giv  | eam that is not s<br>une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>or U.S. stations,<br>e the name of th   | subject to a royalty<br>etween a cable sy<br>senting the prima<br>channel on any o<br>instructions locate<br>list the community<br>ne community with   | capacity.<br>y payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.  |   |
| For the retransm<br>of a written agreem<br>he cable system a<br>ion "E" (exempt). F<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican  | nission of a distant<br>nent entered into o<br>nd a primary trans<br>For simulcasts, als<br>the three categories<br>the location of ea<br>or Canadian static  | me basis beca<br>t multicast stre<br>n or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,  | eam that is not s<br>une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>or U.S. stations,<br>the the name of the<br>use a separate  | subject to a royalty<br>etween a cable sy<br>senting the prima<br>channel on any o<br>instructions locate<br>list the community<br>ne community with<br>space G for each   | capacity.<br>y payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.  |   |
| For the retransm<br>of a written agreem<br>he cable system a<br>ion "E" (exempt). F<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti   | nission of a distant<br>nent entered into o<br>nd a primary trans<br>for simulcasts, als<br>three categories<br>the location of ea<br>or Canadian static<br>lizing multiple cha   | me basis beca<br>t multicast stra<br>n or before Ju<br>mitter or an a<br>o enter "E". If<br>, see page (v<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN  | eam that is not s<br>une 30, 2009, be<br>ssociation repreyou carried the<br>of the general is<br>or U.S. stations,<br>the name of the<br>use a separate   | subject to a royalty<br>etween a cable sy<br>senting the prima<br>channel on any o<br>instructions locate<br>list the community<br>with<br>space G for each  | capacity.<br>y payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.  |   |
| For the retransm<br>of a written agreem<br>the cable system a<br>tion "E" (exempt). F<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti   | nission of a distant<br>nent entered into o<br>nd a primary trans<br>For simulcasts, als<br>the three categories<br>the location of ea<br>or Canadian static  | me basis beca<br>t multicast stra<br>n or before Ju<br>mitter or an a<br>o enter "E". If<br>a, see page (v<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE  | eam that is not s<br>une 30, 2009, be<br>ssociation repreyou carried the<br>of the general is<br>or U.S. stations,<br>the name of the<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)   | subject to a royalty<br>etween a cable sy<br>senting the prima<br>channel on any o<br>instructions locate<br>list the community<br>ne community with<br>space G for each   | capacity.<br>y payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.  |   |
| For the retransm<br>of a written agreem<br>he cable system a<br>ion "E" (exempt). F<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti   | nission of a distant<br>nent entered into o<br>nd a primary trans<br>For simulcasts, als<br>the three categories<br>the location of ea<br>or Canadian static<br>lizing multiple chai<br>2. B'CAST<br>CHANNEL  | me basis beca<br>t multicast stra<br>n or before Ju<br>mitter or an a<br>o enter "E". If<br>, see page (v<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF   | eam that is not s<br>une 30, 2009, be<br>ssociation repreyou carried the<br>of the general is<br>or U.S. stations,<br>the name of the<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)   | subject to a royalty<br>etween a cable sy<br>senting the prima<br>channel on any o<br>instructions locate<br>list the community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE  | capacity.<br>y payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.<br>channel line-up.  |   |
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| FORM SA3E   |           |
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| FORM SA3E. PAGE  | 3.   |   |  |   |  |   |
|--|--|---|--|---|--|---|
|  | OWNER OF CABLE S   | YSTEM:  |  |   | SYSTEM ID#   | Name  |
| CABLE ONE  | E, INC.  |   |  |   |  |   |
| PRIMARY TRANSM   | IITTERS: TELEVISIO   | N   |  |   |  |   |
| In General: In spa<br>carried by your cat<br>FCC rules and reg<br>76.59(d)(2) and (4)<br>substitute program<br><b>Substitute Bas</b><br>pasis under specifi<br>• Do not list the sta<br>station was carri<br>• List the station he<br>basis. For furthe<br>in the paper SA<br><b>Column 1:</b> List<br>each multicast stre-<br>cast stream as "Wi<br>WETA-simulcast).<br><b>Column 2:</b> Give<br>ts community of lic<br>on which your cabl<br><b>Column 3:</b> Indi<br>educational station<br>for independent m<br>For the meaning o<br><b>Column 4:</b> If the<br>planation of local s<br><b>Column 5:</b> If you<br>cable system carried  | tice G, identify ever<br>ble system during t<br>ulations in effect o<br>), 76.61(e)(2) and (<br>a basis, as explaine<br>sis Stations: With<br>c FCC rules, regula<br>ation here in space<br>ried only on a subs<br>ere, and also in spa-<br>er information cond<br>.3 form.<br>each station's call<br>earn associated wit<br>ETA-2". Simulcast<br>e the channel num<br>cense. For example<br>le system carried th<br>cate in each case w<br>h, by entering the le<br>nulticast), "E" (for n<br>f these terms, see<br>e station is outside<br>service area, see p<br>ou have entered "Y | y television sta<br>he accounting<br>n June 24, 194<br>4), or 76.63 (r<br>ed in the next y<br>respect to any<br>ations, or auth<br>G—but do list<br>titute basis.<br>ace I, if the sta<br>cerning substit<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>ne station.<br>whether the st<br>etter "N" (for mo<br>oncommercial<br>page (v) of the<br>es" in column<br>on during the a | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>iorizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its over<br>a be reported in or<br>annel 4 in Wash<br>tation is a netwo<br>etwork), "N-M" (<br>I educational), or<br>e general instruct<br>4, you must cor<br>accounting period | (1) stations carrie<br>the carriage of certa<br>1(e)(2) and (4))]; a<br>s carried by your c<br>the Special Stateme<br>d both on a substit<br>ns, see page (v) of<br>n program services<br>er-the-air designat<br>column 1 (list each<br>the television stati<br>ington, D.C. This is<br>rr "E-M" (for nonco<br>citions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, s<br>od. Indicate by ent<br>ictivated channel co | stating the basis on which your<br>ering "LAC" if your cable system  | G<br>Primary<br>Transmitters:<br>Television |
| For the retransm<br>of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican  | mission of a distant<br>nent entered into o<br>and a primary trans<br>For simulcasts, als<br>se three categories<br>e the location of ea   | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv  | ine 30, 2009, be<br>ssociation repre<br>you carried the<br>) of the general i<br>or U.S. stations,<br>e the name of th   | etween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with   | payment because it is the subject<br>stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up. |   |
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| For the retransmonthangument<br>for a written agreen<br>the cable system a<br>ion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br>Note: If you are ut   | nission of a distant<br>nent entered into o<br>and a primary trans<br>For simulcasts, als<br>se three categories<br>e the location of ea<br>or Canadian static<br>ilizing multiple chai<br>2. B'CAST<br>CHANNEL  | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF   | Ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general is<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systematic the primaric channel on any of instructions locate list the community with space G for each <b>AB</b> 5. BASIS OF CARRIAGE  | stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                      |   |
| For the retransmonthangument<br>for a written agreen<br>the cable system a<br>ion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br>Note: If you are ut   | nission of a distant<br>nent entered into o<br>and a primary trans<br>For simulcasts, als<br>se three categories<br>e the location of ea<br>or Canadian static<br>ilizing multiple chai<br>2. B'CAST<br>CHANNEL  | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF   | Ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general is<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systematic the primaric channel on any of instructions locate list the community with space G for each <b>AB</b> 5. BASIS OF CARRIAGE  | stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                      |   |
| For the retransmonthangument<br>for a written agreen<br>the cable system a<br>ion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br>Note: If you are ut   | nission of a distant<br>nent entered into o<br>and a primary trans<br>For simulcasts, als<br>se three categories<br>e the location of ea<br>or Canadian static<br>ilizing multiple chai<br>2. B'CAST<br>CHANNEL  | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF   | Ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general is<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systematic the primaric channel on any of instructions locate list the community with space G for each <b>AB</b> 5. BASIS OF CARRIAGE  | stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                      |   |
| For the retransm<br>f a written agreen<br>he cable system a<br>ion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>CC. For Mexican<br><b>Jote:</b> If you are ut  | nission of a distant<br>nent entered into o<br>and a primary trans<br>For simulcasts, als<br>se three categories<br>e the location of ea<br>or Canadian static<br>ilizing multiple chai<br>2. B'CAST<br>CHANNEL  | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF   | Ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general is<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systematic the primaric channel on any of instructions locate list the community with space G for each <b>AB</b> 5. BASIS OF CARRIAGE  | stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                      |   |
| For the retransm<br>f a written agreen<br>he cable system a<br>ion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are ut   | nission of a distant<br>nent entered into o<br>and a primary trans<br>For simulcasts, als<br>se three categories<br>e the location of ea<br>or Canadian static<br>ilizing multiple chai<br>2. B'CAST<br>CHANNEL  | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF   | Ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general is<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systematic the primaric channel on any of instructions locate list the community with space G for each <b>AB</b> 5. BASIS OF CARRIAGE  | stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                      |   |
| For the retransmonthangument<br>for a written agreen<br>the cable system a<br>ion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br>Note: If you are ut   | nission of a distant<br>nent entered into o<br>and a primary trans<br>For simulcasts, als<br>se three categories<br>e the location of ea<br>or Canadian static<br>ilizing multiple chai<br>2. B'CAST<br>CHANNEL  | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF   | Ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general is<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systematic the primaric channel on any of instructions locate list the community with space G for each <b>AB</b> 5. BASIS OF CARRIAGE  | stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                      |   |
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| For the retransmonthangement<br>for a written agreen<br>the cable system a<br>ion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are ut  | nission of a distant<br>nent entered into o<br>and a primary trans<br>For simulcasts, als<br>se three categories<br>e the location of ea<br>or Canadian static<br>ilizing multiple chai<br>2. B'CAST<br>CHANNEL  | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF   | Ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general is<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systematic the primaric channel on any of instructions locate list the community with space G for each <b>AB</b> 5. BASIS OF CARRIAGE  | stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                      |   |
| For the retransmonthangement<br>for a written agreen<br>the cable system a<br>ion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are ut  | nission of a distant<br>nent entered into o<br>and a primary trans<br>For simulcasts, als<br>se three categories<br>e the location of ea<br>or Canadian static<br>ilizing multiple chai<br>2. B'CAST<br>CHANNEL  | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF   | Ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general is<br>or U.S. stations,<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systematic the primaric channel on any of instructions locate list the community with space G for each <b>AB</b> 5. BASIS OF CARRIAGE  | stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                      |   |

| FORM | 1 SA3E | . PAGE | 3. |
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| LEGAL NAME OF OWN                                   |  | /STEM·                           |                                      |  | SYSTEM ID#   |  |
|---|--|----------------------------------|--------------------------------------|--|--|--|
| CABLE ONE, IN                                       |  |                                  |                                      |  | 010121110#   | Name                                   |
| PRIMARY TRANSMITTE                                  | ERS: TELEVISIO                         | ON                               |                                      |  |  |  |
| carried by your cable s                             | system during t                        | he accounting                    | g period, except                     | (1) stations carrie                            | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections      | G                                      |
| substitute program bas                              | sis, as explaine                       | d in the next                    | paragraph.                           |  | and (2) certain stations carried on a<br>able system on a substitute program                                   | Primary<br>Transmitters:<br>Television |
| basis under specifc FC<br>• Do not list the station | CC rules, regula<br>here in space      | ations, or auth<br>G—but do lis  | norizations:                         |  | ent and Program Log)—if the  |  |
|   | and also in spa                        | ace I, if the sta                |                                      |  | tute basis and also on some other f the general instructions located   |  |
| each multicast stream                               | associated wit                         | h a station ac                   | cording to its ov                    | er-the-air designa                             | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example     |  |
| WETA-simulcast).<br>Column 2: Give the              | e channel numl                         | ber the FCC I                    | nas assigned to                      | the television stati                           | ion for broadcasting over-the-air in   |  |
| on which your cable sy<br>Column 3: Indicate        | stem carried the in each case v        | ne station.<br>whether the s     | tation is a netwo                    | ork station, an inde                           | may be different from the channel  |  |
|   | cast), "E <sup>"</sup> (for n          | oncommercia                      | l educational), o                    | or "E-M" (for nonco                            | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>ne paper SA3 form.                  |  |
| planation of local servi                            | ce area, see pa                        | age (v) of the                   | general instruct                     | ions located in the                            | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                    |  |
| cable system carried the carried the distant stat   | he distant statio<br>ion on a part-tii | on during the<br>me basis bec    | accounting perio                     | od. Indicate by entiticated channel of         | tering "LAC" if your cable system  |  |
| of a written agreement<br>the cable system and a    | t entered into o<br>a primary trans    | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre | etween a cable system<br>senting the primation | stem or an association representing<br>ry transmitter, enter the designa-                                      |  |
| explanation of these th                             | nree categories                        | , see page (v                    | ) of the general i                   | instructions locate                            | ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>/ to which the station is licensed by the |  |
| FCC. For Mexican or C<br>Note: If you are utilizin  |  |                                  |                                      | •  | n which the station is identifed.<br>channel line-up.  |  |
|   | I                                      | CHANN                            | EL LINE-UP                           | AC   |  |  |
| 1. CALL<br>SIGN                                     | 2. B'CAST<br>CHANNEL<br>NUMBER         | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)           | 5. BASIS OF<br>CARRIAGE<br>(If Distant)        | 6. LOCATION OF STATION   |  |
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| LEGAL NAME OF OWN   |  | /STEM·                           |                                      |  | SYSTEM ID#   |  |
|---|--|----------------------------------|--------------------------------------|--|--|--|
| CABLE ONE, IN   |  |                                  |                                      |  | 010121110#   | Name                                   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO                         | ON                               |                                      |  |  |  |
| carried by your cable s                                   | system during t                        | he accounting                    | g period, except                     | (1) stations carrie                            | and low power television stations)<br>ed only on a part-time basis under<br>ain network programs [sections       | G                                      |
| substitute program bas                                    | sis, as explaine                       | d in the next                    | paragraph.                           |  | and (2) certain stations carried on a<br>able system on a substitute program                                     | Primary<br>Transmitters:<br>Television |
| basis under specifc FC<br>• Do not list the station       | CC rules, regula<br>here in space      | ations, or auth<br>G—but do lis  | norizations:                         |  | ent and Program Log)—if the  |  |
|   | and also in spa                        | ace I, if the sta                |                                      |  | tute basis and also on some other f the general instructions located   |  |
| Column 1: List each each multicast stream                 | h station's call associated wit        | h a station ac                   | cording to its ov                    | er-the-air designa                             | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example       |  |
| WETA-simulcast).<br>Column 2: Give the                    | e channel numl                         | ber the FCC I                    | nas assigned to                      | the television stati                           | ion for broadcasting over-the-air in   |  |
| on which your cable sy<br>Column 3: Indicate              | stem carried the in each case v        | ne station.<br>whether the s     | tation is a netwo                    | ork station, an inde                           | may be different from the channel  |  |
|   | cast), "E <sup>"</sup> (for n          | oncommercia                      | l educational), o                    | or "E-M" (for nonco                            | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>ne paper SA3 form.                    |  |
| planation of local servi                                  | ce area, see pa                        | age (v) of the                   | general instruct                     | ions located in the                            | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                      |  |
| cable system carried the carried the distant stat         | he distant statio<br>ion on a part-tii | on during the<br>me basis bec    | accounting perio                     | od. Indicate by entiticated channel of         | tering "LAC" if your cable system capacity.  |  |
| of a written agreement<br>the cable system and a          | t entered into o<br>a primary trans    | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre | etween a cable system<br>senting the primation | v payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa- |  |
| explanation of these th                                   | nree categories                        | , see page (v                    | ) of the general i                   | instructions locate                            | ther basis, enter "Ο." For a further<br>d in the paper SA3 form.<br>γ to which the station is licensed by the    |  |
| FCC. For Mexican or 0<br><b>Note:</b> If you are utilizin |  |                                  |                                      | •  | n which the station is identifed.<br>channel line-up.  |  |
|   |  | CHANN                            | EL LINE-UP                           | AD   |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER         | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)           | 5. BASIS OF<br>CARRIAGE<br>(If Distant)        | 6. LOCATION OF STATION   |  |
|   |  |                                  |                                      |  |  |  |
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| FORM | 1 SA3E | . PAGE | 3. |
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| LEGAL NAME OF OWN                                   |   | /STEM·                           |   |  | SYSTEM ID#   |  |
|---|---|----------------------------------|---|--|--|--|
| CABLE ONE, I  |   |                                  |   |  |  | Name                                   |
| PRIMARY TRANSMITTI                                  | ERS: TELEVISIO                                  | ON                               |   |  |  |  |
| carried by your cable s                             | system during t                                 | he accounting                    | g period, except                        | (1) stations carrie                            | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections  | G                                      |
| substitute program bas                              | sis, as explaine                                | d in the next                    | paragraph.                              |  | and (2) certain stations carried on a<br>able system on a substitute program                               | Primary<br>Transmitters:<br>Television |
| basis under specifc FC<br>• Do not list the station | CC rules, regula<br>here in space               | ations, or auth<br>G—but do lis  | norizations:                            |  | ent and Program Log)—if the  |  |
|   | and also in spa                                 | ace I, if the sta                |   |  | tute basis and also on some other<br>f the general instructions located                                    |  |
| Column 1: List each multicast stream                | h station's call associated wit                 | h a station ac                   | cording to its ov                       | er-the-air designa                             | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example |  |
| WETA-simulcast).<br>Column 2: Give the              | e channel numl                                  | ber the FCC I                    | nas assigned to                         | the television stati                           | ion for broadcasting over-the-air in   |  |
| on which your cable sy<br>Column 3: Indicate        | stem carried the in each case v                 | ne station.<br>whether the s     | tation is a netwo                       | ork station, an inde                           | may be different from the channel  |  |
| (for independent multi<br>For the meaning of the    | cast), "E <sup>"</sup> (for n<br>ese terms, see | oncommercia<br>page (v) of th    | I educational), o<br>e general instruc  | r "E-M" (for nonco<br>ctions located in th     |  |  |
| planation of local servi                            | ce area, see pa                                 | age (v) of the                   | general instruct                        | ions located in the                            | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                |  |
| carried the distant stat                            | ion on a part-tii                               | me basis bec                     | ause of lack of a                       | ctivated channel of                            | tering "LAC" if your cable system<br>capacity.<br>/ payment because it is the subject                      |  |
| of a written agreement<br>the cable system and      | t entered into o<br>a primary trans             | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre    | etween a cable system<br>senting the primation | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further                                 |  |
| explanation of these the Column 6: Give the         | nree categories<br>e location of ea             | , see page (v<br>ch station. Fo  | ) of the general i<br>or U.S. stations, | instructions locate<br>list the community      | d in the paper SA3 form.<br>v to which the station is licensed by the                                      |  |
| Note: If you are utilizin                           |   | nnel line-ups,                   | use a separate                          | space G for each                               | n which the station is identifed.<br>channel line-up.  |  |
|   |   | CHANN                            | EL LINE-UP                              | AE   |  |  |
| 1. CALL<br>SIGN                                     | 2. B'CAST<br>CHANNEL<br>NUMBER                  | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)              | 5. BASIS OF<br>CARRIAGE<br>(If Distant)        | 6. LOCATION OF STATION   |  |
|   |   |                                  |   |  |  |  |
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| FORM | 1 SA3E | . PAGE | 3. |
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| LEGAL NAME OF OWN   |  | /STEM·                           |                                      |  | SYSTEM ID#   |  |
|---|--|----------------------------------|--------------------------------------|--|--|--|
| CABLE ONE, IN   |  |                                  |                                      |  |  | Name                                   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO                         | ON                               |                                      |  |  |  |
| carried by your cable s                                   | system during t                        | he accounting                    | g period, except                     | (1) stations carrie                            | and low power television stations)<br>ed only on a part-time basis under<br>ain network programs [sections       | G                                      |
| substitute program bas                                    | sis, as explaine                       | d in the next                    | paragraph.                           |  | and (2) certain stations carried on a<br>able system on a substitute program                                     | Primary<br>Transmitters:<br>Television |
| basis under specifc FC<br>• Do not list the station       | CC rules, regula<br>here in space      | ations, or auth<br>G—but do lis  | norizations:                         |  | ent and Program Log)—if the  |  |
|   | and also in spa                        | ace I, if the sta                |                                      |  | tute basis and also on some other f the general instructions located   |  |
| Column 1: List each each multicast stream                 | h station's call associated wit        | h a station ac                   | cording to its ov                    | er-the-air designa                             | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example       |  |
| WETA-simulcast).<br>Column 2: Give the                    | e channel numl                         | ber the FCC I                    | nas assigned to                      | the television stati                           | ion for broadcasting over-the-air in   |  |
| on which your cable sy<br>Column 3: Indicate              | stem carried the in each case v        | ne station.<br>whether the s     | tation is a netwo                    | ork station, an inde                           | may be different from the channel  |  |
|   | cast), "E <sup>"</sup> (for n          | oncommercia                      | l educational), o                    | or "E-M" (for nonco                            | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>ne paper SA3 form.                    |  |
| planation of local servi                                  | ce area, see pa                        | age (v) of the                   | general instruct                     | ions located in the                            | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                      |  |
| cable system carried the carried the distant stat         | he distant statio<br>ion on a part-tii | on during the<br>me basis bec    | accounting perio                     | od. Indicate by entiticated channel of         | tering "LAC" if your cable system capacity.  |  |
| of a written agreement<br>the cable system and a          | t entered into o<br>a primary trans    | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre | etween a cable system<br>senting the primation | v payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa- |  |
| explanation of these th                                   | nree categories                        | , see page (v                    | ) of the general i                   | instructions locate                            | ther basis, enter "Ο." For a further<br>d in the paper SA3 form.<br>γ to which the station is licensed by the    |  |
| FCC. For Mexican or 0<br><b>Note:</b> If you are utilizin |  |                                  |                                      | •  | which the station is identifed.<br>channel line-up.  |  |
|   |  | CHANN                            | EL LINE-UP                           | AF   |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER         | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)           | 5. BASIS OF<br>CARRIAGE<br>(If Distant)        | 6. LOCATION OF STATION   |  |
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| FORM SA3E   |           |
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| FURIVI SAJE | . FAGE 3. |

| FORM SA3E. PAGE   | 3.   |   |  |   |   |   |
|---|--|---|--|---|---|---|
|   | WNER OF CABLE S  | YSTEM:  |  |   | SYSTEM ID#  | Name  |
| CABLE ONE   | , INC.   |   |  |   |   |   |
| PRIMARY TRANSMI   | TTERS: TELEVISIO   | N   |  |   |   |   |
| In General: In spac<br>carried by your cab<br>FCC rules and regu<br>76.59(d)(2) and (4)<br>substitute Bass<br>basis under specific<br>Do not list the stat<br>station was carried<br>to be a station was carried<br>column 1: List<br>column 1: List<br>column 1: List<br>column 2: Given<br>to column 2: Given<br>to a which your cable<br>column 3: Indice<br>educational station<br>(for independent m<br>For the meaning of<br><b>Column 5:</b> If yo<br>cable system carried<br>carried the distant station<br>of a written agreem<br>the cable system a<br>tion "E" (exempt). F<br>explanation of thes<br><b>Column 6:</b> Given | ce G, identify ever<br>le system during t<br>ulations in effect or<br>, 76.61(e)(2) and (<br>basis, as explaine<br>is <b>Stations:</b> With<br>FCC rules, regula-<br>tion here in space<br>led only on a subs<br>re, and also in space<br>r information cond<br>3 form.<br>each station's call<br>am associated with<br>TA-2". Simulcast<br>the channel numl<br>ense. For example<br>e system carried th<br>cate in each case of<br>by entering the le-<br>ulticast), "E" (for n<br>these terms, see<br>e station is outside<br>ervice area, see pu<br>u have entered "Y<br>do the distant station<br>station on a part-tin<br>ission of a distant<br>ent entered into o<br>nd a primary trans<br>for simulcasts, alse<br>three categories<br>the location of ea<br>or Canadian static | y television st<br>he accounting<br>n June 24, 19<br>4), or 76.63 (r<br>d in the next  <br>respect to any<br>ations, or auth<br>G—but do lis<br>titute basis.<br>ace I, if the sta<br>cerning substif<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>ne station.<br>whether the st<br>etter "N" (for no<br>oncommercia<br>page (v) of the<br>the local servage (v) of the<br>the local servage (v) of the<br>es" in column<br>on during the st<br>multicast stream<br>on before Ju<br>mitter or an ar<br>o enter "E". If<br>, see page (v)<br>ch station. Fo | a period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>iorizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its over<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>tation is a netwo<br>etwork), "N-M" (<br>I educational), or<br>e general instruct<br>4, you must cor<br>accounting period<br>ause of lack of a<br>esam that is not so<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general in<br>r U.S. stations,<br>e the name of th | (1) stations carrie<br>the carriage of certa<br>1(e)(2) and (4))]; a<br>s carried by your c<br>the Special Stateme<br>d both on a substit<br>ns, see page (v) o<br>n program services<br>er-the-air designat<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>for network multic<br>or "E-M" (for nonco<br>ctions located in the<br>mplete column 5, s<br>od. Indicate by ent<br>ictivated channel o<br>subject to a royalty<br>etween a cable sys<br>senting the primar<br>channel on any ot<br>instructions locate<br>list the community with | stating the basis on which your<br>ering "LAC" if your cable system<br>capacity.<br>payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed. | G<br>Primary<br>Transmitters:<br>Television |
|   |  | CHANN   | EL LINE-UP   | AG  |   |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |   |
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| FORM | 1 SA3E | . PAGE | 3. |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#   |  |
|---|--|
| CABLE ONE, INC.   | Name                                   |
| PRIMARY TRANSMITTERS: TELEVISION  |  |
| <b>In General:</b> 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 | G                                      |
| <ul> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program</li> </ul>                                 | Primary<br>Transmitters:<br>Television |
| basis under specifc FCC rules, regulations, or authorizations:<br>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the  |  |
| <ul> <li>station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul>                            |  |
| <b>Column 1:</b> 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).<br>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in<br>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.<br>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.<br>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.<br><b>Column 6:</b> 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 AH  |  |
| 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)   |  |
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| FORM SA3E   |           |
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| FURIVI SAJE | . FAGE 3. |

| FORM SA3E. PAGE  | 3.  |  |   |   |  |   |
|--|---|--|---|---|--|---|
|  | DWNER OF CABLE S  | YSTEM:   |   |   | SYSTEM ID#   | Name  |
| CABLE ONE  | , INC.  |  |   |   |  |   |
| PRIMARY TRANSMI  | ITTERS: TELEVISIO   | N  |   |   |  |   |
| carried by your cab<br>FCC rules and regu<br>76.59(d)(2) and (4),<br>substitute program<br><b>Substitute Basi</b><br>basis under specific<br>• Do not list the statt<br>station was carri<br>• List the station here<br>basis. For furthe<br>in the paper SA3<br><b>Column 1:</b> List e<br>each multicast streat<br>cast stream as "WE<br>WETA-simulcast).<br><b>Column 2:</b> Give<br>its community of lict<br>on which your cable<br><b>Column 3:</b> Indic,<br>for independent mu<br>For the meaning of<br><b>Column 4:</b> If the<br>planation of local se<br><b>Column 5:</b> If you<br>cable system carrie<br>carried the distant s | ce G, identify ever<br>ile system during t<br>ulations in effect or<br>, 76.61(e)(2) and (<br>basis, as explaine<br><b>is Stations:</b> With<br>FCC rules, regula-<br>tion here in space<br>ied only on a subs-<br>re, and also in spa-<br>er information cond<br>3 form.<br>each station's call<br>am associated wite<br>ETA-2". Simulcast<br>e the channel number<br>ense. For example<br>e system carried the<br>cate in each case w<br>, by entering the le<br>ulticast), "E" (for n<br>these terms, see<br>e station is outside<br>ervice area, see pu<br>u have entered "Y<br>ed the distant station<br>station on a part-times | y television st<br>he accounting<br>n June 24, 19<br>(4), or 76.63 (r<br>respect to any<br>ations, or auth<br>G—but do lis<br>titute basis.<br>ace I, if the sta<br>cerning substif<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>ne station.<br>whether the st<br>etter "N" (for n<br>oncommercia<br>page (v) of the<br>es" in column<br>on during the<br>me basis beca | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>y distant stations<br>iorizations:<br>t it in space I (the<br>ation was carried<br>tute basis station<br>report origination<br>cording to its over<br>the reported in the<br>annel 4 in Wash<br>tation is a network<br>etwork), "N-M" (<br>I educational), co<br>e general instruct<br>4, you must con<br>accounting period<br>ause of lack of a | (1) stations carrie<br>he carriage of certa<br>1(e)(2) and (4))]; a<br>s carried by your c<br>he Special Stateme<br>d both on a substit<br>ns, see page (v) o<br>n program service:<br>er-the-air designal<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>ork station, an inde<br>for network multic<br>or "E-M" (for nonco<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, s<br>od. Indicate by ent<br>activated channel c | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>stating the basis on which your<br>ering "LAC" if your cable system<br>apacity.   | G<br>Primary<br>Transmitters:<br>Television |
| of a written agreem<br>the cable system ar<br>tion "E" (exempt). F<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican of   | nent entered into o<br>nd a primary trans<br>for simulcasts, als<br>e three categories<br>the location of ea<br>or Canadian static  | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>a, see page (v)<br>ich station. Fo<br>ons, if any, giv   | une 30, 2009, be<br>ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>e the name of th  | etween a cable systemating the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ane community with   | payment because it is the subject<br>stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up. |   |
| of a written agreem<br>the cable system ar<br>tion "E" (exempt). F<br>explanation of these<br><b>Column 6:</b> Give  | nent entered into o<br>nd a primary trans<br>for simulcasts, als<br>e three categories<br>the location of ea<br>or Canadian static  | n or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v)<br>och station. Fo<br>ons, if any, giv<br>nnel line-ups,  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>or U.S. stations,<br>the the name of the<br>use a separate   | etween a cable systemating the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |   |
| of a written agreem<br>the cable system ar<br>tion "E" (exempt). F<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican of<br><b>Note:</b> If you are util   | ent entered into o<br>nd a primary trans<br>for simulcasts, also<br>e three categories<br>the location of ea<br>or Canadian static<br>lizing multiple char  | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>s, see page (v)<br>uch station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>or U.S. stations,<br>the the name of the<br>use a separate<br>EL LINE-UP   | etween a cable systemating the primarichannel on any ot instructions locate list the community the community with space G for each  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                       |   |
| of a written agreem<br>the cable system ar<br>tion "E" (exempt). F<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican of   | nent entered into o<br>nd a primary trans<br>for simulcasts, als<br>e three categories<br>the location of ea<br>or Canadian static  | n or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v)<br>och station. Fo<br>ons, if any, giv<br>nnel line-ups,  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systemating the primar<br>channel on any ot<br>instructions locate<br>list the community<br>ne community with<br>space G for each  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |   |
| of a written agreem<br>the cable system ar<br>tion "E" (exempt). F<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican of<br><b>Note:</b> If you are util   | ent entered into o<br>nd a primary trans<br>For simulcasts, als<br>e three categories<br>the location of ea<br>or Canadian static<br>lizing multiple chai<br>2. B'CAST<br>CHANNEL   | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>s, see page (v)<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systemating the primarichannel on any ot instructions locate list the community with space G for each <b>AI</b><br>5. BASIS OF CARRIAGE  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                       |   |
| of a written agreem<br>the cable system ar<br>tion "E" (exempt). F<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican of<br><b>Note:</b> If you are util   | ent entered into o<br>nd a primary trans<br>For simulcasts, als<br>e three categories<br>the location of ea<br>or Canadian static<br>lizing multiple chai<br>2. B'CAST<br>CHANNEL   | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>s, see page (v)<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systemating the primarichannel on any ot instructions locate list the community with space G for each <b>AI</b><br>5. BASIS OF CARRIAGE  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                       |   |
| of a written agreem<br>the cable system ar<br>tion "E" (exempt). F<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican of<br><b>Note:</b> If you are util   | ent entered into o<br>nd a primary trans<br>For simulcasts, als<br>e three categories<br>the location of ea<br>or Canadian static<br>lizing multiple chai<br>2. B'CAST<br>CHANNEL   | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>s, see page (v)<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systemating the primarichannel on any ot instructions locate list the community with space G for each <b>AI</b><br>5. BASIS OF CARRIAGE  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                       |   |
| of a written agreem<br>the cable system ar<br>tion "E" (exempt). F<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican of<br><b>Note:</b> If you are util   | ent entered into o<br>nd a primary trans<br>For simulcasts, als<br>e three categories<br>the location of ea<br>or Canadian static<br>lizing multiple chai<br>2. B'CAST<br>CHANNEL   | n or before Ju<br>mitter or an a:<br>o enter "E". If<br>s, see page (v)<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF  | une 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>or U.S. stations,<br>the the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable systemating the primarichannel on any ot instructions locate list the community with space G for each <b>AI</b><br>5. BASIS OF CARRIAGE  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.                                       |   |
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| FORM | 1 SA3E | . PAGE | 3. |
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|      |        |        |    |

| LEGAL NAME OF OWN   |  | /STEM·                           |                                      |  | SYSTEM ID#   |  |
|---|--|----------------------------------|--------------------------------------|--|--|--|
| CABLE ONE, IN   |  |                                  |                                      |  |  | Name                                   |
| PRIMARY TRANSMITT   | ERS: TELEVISIO                         | ON                               |                                      |  |  |  |
| carried by your cable s                                   | system during t                        | he accounting                    | g period, except                     | (1) stations carrie                            | and low power television stations)<br>ed only on a part-time basis under<br>ain network programs [sections       | G                                      |
| substitute program bas                                    | sis, as explaine                       | d in the next                    | paragraph.                           |  | and (2) certain stations carried on a<br>able system on a substitute program                                     | Primary<br>Transmitters:<br>Television |
| basis under specifc FC<br>• Do not list the station       | CC rules, regula<br>here in space      | ations, or auth<br>G—but do lis  | norizations:                         |  | ent and Program Log)—if the  |  |
|   | and also in spa                        | ace I, if the sta                |                                      |  | tute basis and also on some other f the general instructions located   |  |
| Column 1: List each each multicast stream                 | h station's call associated wit        | h a station ac                   | cording to its ov                    | er-the-air designa                             | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example       |  |
| WETA-simulcast).<br>Column 2: Give the                    | e channel numl                         | ber the FCC h                    | nas assigned to                      | the television stati                           | ion for broadcasting over-the-air in   |  |
| on which your cable sy<br>Column 3: Indicate              | stem carried the in each case v        | ne station.<br>whether the s     | tation is a netwo                    | ork station, an inde                           | may be different from the channel  |  |
|   | cast), "E <sup>"</sup> (for n          | oncommercia                      | l educational), o                    | or "E-M" (for nonco                            | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>ne paper SA3 form.                    |  |
| planation of local servi                                  | ce area, see pa                        | age (v) of the                   | general instruct                     | ions located in the                            | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                      |  |
| cable system carried the carried the distant stat         | he distant statio<br>ion on a part-tii | on during the<br>me basis beca   | accounting perio                     | od. Indicate by entiticated channel of         | tering "LAC" if your cable system capacity.  |  |
| of a written agreement<br>the cable system and a          | t entered into o<br>a primary trans    | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre | etween a cable system<br>senting the primation | v payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa- |  |
| explanation of these th                                   | nree categories                        | , see page (v                    | ) of the general i                   | instructions locate                            | ther basis, enter "Ο." For a further<br>d in the paper SA3 form.<br>γ to which the station is licensed by the    |  |
| FCC. For Mexican or 0<br><b>Note:</b> If you are utilizin |  |                                  |                                      | •  | which the station is identifed.<br>channel line-up.  |  |
|   |  | CHANN                            | EL LINE-UP                           | AJ   |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER         | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)           | 5. BASIS OF<br>CARRIAGE<br>(If Distant)        | 6. LOCATION OF STATION   |  |
|   |  |                                  |                                      |  |  |  |
|   |  |                                  |                                      |  |  |  |
|   |  |                                  |                                      |  |  |  |
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|   | <b>-</b>                               |                                  |                                      |  |  |  |

| FORM | 1 SA3E | . PAGE | 3. |
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|      |        |        |    |

| LEGAL NAME OF OWN  |   | /STEM·                           |                                       |  | SYSTEM ID#   |      |  |
|--|---|----------------------------------|---------------------------------------|--|--|------|--|
| CABLE ONE, IN  |   |                                  |                                       |  | 0101211112#  | Name |  |
| PRIMARY TRANSMITTE   | ERS: TELEVISIO  | ON                               |                                       |  |  |      |  |
| carried by your cable s  | system during t<br>ions in effect of  | he accounting<br>n June 24, 19   | g period, except<br>81, permitting th | (1) stations carrie                            | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections        | G    |  |
| substitute program bas   | <ul> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program</li> </ul> |                                  |                                       |  |  |      |  |
| basis under specifc FCC rules, regulations, or authorizations:<br>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the |   |                                  |                                       |  |  |      |  |
|  | and also in spa   | ace I, if the sta                |                                       |  | ute basis and also on some other<br>f the general instructions located   |      |  |
| each multicast stream  | associated wit  | h a station ac                   | cording to its ov                     | er-the-air designa                             | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example       |      |  |
| WETA-simulcast).<br>Column 2: Give the   | e channel numl  | ber the FCC I                    | nas assigned to                       | the television stati                           | on for broadcasting over-the-air in  |      |  |
| on which your cable sy<br>Column 3: Indicate   | stem carried the in each case v   | ne station.<br>whether the s     | tation is a netwo                     | ork station, an inde                           | may be different from the channel  |      |  |
|  | cast), "E" (for n   | oncommercia                      | l educational), o                     | or "E-M" (for nonco                            | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>ne paper SA3 form.                    |      |  |
| planation of local servi   | ce area, see pa   | age (v) of the                   | general instruct                      | ions located in the                            | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                      |      |  |
| cable system carried the carried the distant stat  | he distant statio<br>ion on a part-tii  | on during the<br>me basis bec    | accounting perio                      | od. Indicate by entiticated channel of         | tering "LAC" if your cable system capacity.  |      |  |
| of a written agreement<br>the cable system and a   | t entered into o<br>a primary trans   | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre  | etween a cable system<br>senting the primation | r payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa- |      |  |
| explanation of these th  | nree categories   | , see page (v                    | ) of the general i                    | instructions locate                            | her basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the     |      |  |
| FCC. For Mexican or 0<br><b>Note:</b> If you are utilizin  |   |                                  |                                       | •  | which the station is identifed.<br>channel line-up.  |      |  |
|  |   | CHANN                            | EL LINE-UP                            | AK   |  |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)            | 5. BASIS OF<br>CARRIAGE<br>(If Distant)        | 6. LOCATION OF STATION   |      |  |
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| FORM SA3E.        | PAGE 3  |
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|  | WNER OF CABLE S  | /STEM·   |   |  | SYSTEM ID#   |                               |
|--|--|--|---|--|--|-------------------------------|
| CABLE ONE,   |  | ISTEM.   |   |  |  | Name                          |
| PRIMARY TRANSMIT   | TERS: TELEVISIO  | ON   |   |  |  |                               |
| carried by your cable<br>FCC rules and regul<br>76.59(d)(2) and (4),<br>substitute program b   | e system during t<br>lations in effect or<br>76.61(e)(2) and (<br>pasis, as explaine   | he accounting<br>n June 24, 19<br>4), or 76.63 (r<br>d in the next p   | period, except<br>81, permitting th<br>eferring to 76.6<br>paragraph.   | (1) stations carrie<br>le carriage of certa<br>1(e)(2) and (4))]; a  | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections<br>and (2) certain stations carried on a   | G<br>Primary<br>Transmitters: |
| Substitute Basis<br>basis under specifc<br>• Do not list the stati<br>station was carrie<br>• List the station here<br>basis. For further<br>in the paper SA3<br>Column 1: List e<br>each multicast strea<br>cast stream as "WE"<br>WETA-simulcast).<br>Column 2: Give<br>its community of lice<br>on which your cable<br>Column 3: Indica<br>educational station,<br>(for independent mu<br>For the meaning of t<br>Column 4: If the<br>planation of local se<br>Column 5: If you<br>cable system carried<br>carried the distant st<br>For the retransmi<br>of a written agreeme<br>the cable system an<br>tion "E" (exempt). For<br>explanation of these<br>Column 6: Give | s Stations: With<br>FCC rules, regula<br>on here in space<br>ed only on a subs<br>e, and also in space<br>information conc<br>form.<br>each station's call<br>im associated wit<br>TA-2". Simulcast<br>the channel number<br>ense. For example<br>system carried th<br>ate in each case we<br>by entering the le<br>liticast), "E" (for n<br>these terms, see<br>station is outside<br>rvice area, see particulation<br>is source area, see particulation<br>these terms, see<br>station on a part-time<br>is son of a distant<br>ent entered into o<br>id a primary trans<br>or simulcasts, also<br>three categories<br>the location of eat<br>or Canadian static | respect to any<br>ations, or auth<br>G—but do lis<br>titute basis.<br>ace I, if the sta<br>serning substit<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>ne station.<br>whether the st<br>teter 'N' (for m<br>oncommercia<br>page (v) of the<br>es' in column<br>on during the<br>age (v) of the<br>es' in column<br>on during the<br>multicast stren<br>o o here Ju<br>mitter or an an<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv<br>nnel line-ups, | v distant stations<br>orizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its ow<br>be reported in or<br>as assigned to the<br>annel 4 in Wash<br>ation is a netwo<br>etwork), "N-M" (the<br>l educational), of<br>e general instruction<br>4, you must cor<br>accounting period<br>as an that is not so<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general in<br>r U.S. stations,<br>e the name of the<br>use a separate | e Special Stateme<br>d both on a substit<br>hs, see page (v) o<br>h program services<br>er-the-air designal<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>with station, an inde<br>for network multic<br>r "E-M" (for nonco<br>ctions located in the<br>mplete column 5, so<br>od. Indicate by ent<br>ctivated channel of<br>ubject to a royalty<br>etween a cable sys<br>senting the primar<br>channel on any ot<br>instructions located<br>instructions located<br>instructions located<br>instructions located<br>instructions located<br>ist the community with<br>space G for each | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system<br>capacity.<br>• payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>• to which the station is licensed by the<br>o which the station is identifed. | Television                    |
|  |  | CHANN  | EL LINE-UP  | AL   |  |                               |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |                               |
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| FORM | 1 SA3E | . PAGE | 3. |
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| LEGAL NAME OF OWN  |   | /STEM·                           |                                      |  | SYSTEM ID#   |      |  |
|--|---|----------------------------------|--------------------------------------|--|--|------|--|
| CABLE ONE, IN  |   |                                  |                                      |  | 0101211112#  | Name |  |
| PRIMARY TRANSMITTE   | ERS: TELEVISIO  | ON                               |                                      |  |  |      |  |
| carried by your cable s  | system during t   | he accounting                    | g period, except                     | (1) stations carrie                            | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections        | G    |  |
| substitute program bas   | <ul> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program</li> </ul> |                                  |                                      |  |  |      |  |
| basis under specifc FCC rules, regulations, or authorizations:<br>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the |   |                                  |                                      |  |  |      |  |
|  | and also in spa   | ace I, if the sta                |                                      |  | ute basis and also on some other<br>f the general instructions located   |      |  |
| each multicast stream  | associated wit  | h a station ac                   | cording to its ov                    | er-the-air designa                             | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example       |      |  |
| WETA-simulcast).<br>Column 2: Give the   | e channel numl  | ber the FCC I                    | nas assigned to                      | the television stati                           | on for broadcasting over-the-air in  |      |  |
| on which your cable sy<br>Column 3: Indicate   | stem carried the in each case v   | ne station.<br>whether the s     | tation is a netwo                    | ork station, an inde                           | may be different from the channel  |      |  |
|  | cast), "E" (for n   | oncommercia                      | l educational), o                    | or "E-M" (for nonco                            | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>ne paper SA3 form.                    |      |  |
| planation of local servi   | ce area, see pa   | age (v) of the                   | general instruct                     | ions located in the                            | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                      |      |  |
| cable system carried the carried the distant stat  | he distant statio<br>ion on a part-tii  | on during the<br>me basis bec    | accounting perio                     | od. Indicate by entiticated channel of         | tering "LAC" if your cable system capacity.  |      |  |
| of a written agreement<br>the cable system and a   | t entered into o<br>a primary trans   | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre | etween a cable system<br>senting the primation | r payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa- |      |  |
| explanation of these th  | nree categories   | , see page (v                    | ) of the general i                   | instructions locate                            | her basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the     |      |  |
| FCC. For Mexican or 0<br><b>Note:</b> If you are utilizin  |   |                                  |                                      | •  | which the station is identifed.<br>channel line-up.  |      |  |
|  |   | CHANN                            | EL LINE-UP                           | AM   |  |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)           | 5. BASIS OF<br>CARRIAGE<br>(If Distant)        | 6. LOCATION OF STATION   |      |  |
|  |   |                                  |                                      |  |  |      |  |
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| FORM | 1 SA3E | . PAGE | 3. |
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| LEGAL NAME OF OWN  |   | /STEM·                           |   |  | SYSTEM ID#  |      |  |
|--|---|----------------------------------|---|--|---|------|--|
| CABLE ONE, IN  |   |                                  |   |  |   | Name |  |
| PRIMARY TRANSMITTE   |   | ON                               |   |  |   |      |  |
| carried by your cable s  | system during t   | he accounting                    | g period, except                        | (1) stations carrie                            | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections         | G    |  |
| substitute program bas   | <ul> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program</li> </ul> |                                  |   |  |   |      |  |
| basis under specifc FCC rules, regulations, or authorizations:<br>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the |   |                                  |   |  |   |      |  |
|  | and also in spa   | ace I, if the sta                |   |  | tute basis and also on some other<br>f the general instructions located   |      |  |
| Column 1: List each each multicast stream  | h station's call associated wit   | h a station ac                   | cording to its ov                       | er-the-air designa                             | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example        |      |  |
| WETA-simulcast).<br>Column 2: Give the   | e channel numl  | ber the FCC I                    | nas assigned to                         | the television stati                           | ion for broadcasting over-the-air in  |      |  |
| on which your cable sy<br>Column 3: Indicate   | stem carried the in each case v   | ne station.<br>whether the s     | tation is a netwo                       | ork station, an inde                           | may be different from the channel   |      |  |
| (for independent multion<br>For the meaning of the   | cast), "E <sup>"</sup> (for n<br>ese terms, see   | oncommercia<br>page (v) of th    | l educational), o<br>e general instruc  | r "E-M" (for nonco<br>ctions located in th     |   |      |  |
| planation of local servi   | ce area, see pa   | age (v) of the                   | general instruct                        | ions located in the                            | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                       |      |  |
| carried the distant stat   | ion on a part-tii   | me basis bec                     | ause of lack of a                       | ctivated channel of                            | tering "LAC" if your cable system<br>capacity.<br>/ payment because it is the subject                             |      |  |
| of a written agreement<br>the cable system and a   | t entered into o<br>a primary trans   | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre    | etween a cable system<br>senting the primation | stem or an association representing<br>ry transmitter, enter the designa-<br>ther basis, enter "O." For a further |      |  |
| explanation of these the Column 6: Give the  | nree categories<br>e location of ea   | , see page (v<br>ch station. Fo  | ) of the general i<br>or U.S. stations, | instructions locate<br>list the community      | d in the paper SA3 form.<br>v to which the station is licensed by the<br>n which the station is identifed.        |      |  |
| Note: If you are utilizin  |   | nnel line-ups,                   | use a separate                          | space G for each                               |   |      |  |
|  |   | CHANN                            | EL LINE-UP                              | AN   |   |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)              | 5. BASIS OF<br>CARRIAGE<br>(If Distant)        | 6. LOCATION OF STATION  |      |  |
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| FORM | 1 SA3E | . PAGE | 3. |
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| LEGAL NAME OF OWN  |  | /STEM·                           |                                      |  | SYSTEM ID#   |      |  |
|--|--|----------------------------------|--------------------------------------|--|--|------|--|
| CABLE ONE, IN  |  |                                  |                                      |  |  | Name |  |
| PRIMARY TRANSMITTE   | ERS: TELEVISIO   | ON                               |                                      |  |  |      |  |
| carried by your cable s  | system during t  | he accounting                    | g period, except                     | (1) stations carrie                            | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections        | G    |  |
| substitute program bas   | 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.<br><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program |                                  |                                      |  |  |      |  |
| basis under specifc FCC rules, regulations, or authorizations:<br>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the |  |                                  |                                      |  |  |      |  |
|  | and also in spa  | ace I, if the sta                |                                      |  | tute basis and also on some other f the general instructions located   |      |  |
| each multicast stream  | associated wit   | h a station ac                   | cording to its ov                    | er-the-air designa                             | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example       |      |  |
| WETA-simulcast).<br>Column 2: Give the   | e channel numl   | ber the FCC h                    | nas assigned to                      | the television stati                           | ion for broadcasting over-the-air in   |      |  |
| on which your cable sy   | stem carried th  | ne station.                      |                                      | 0  | may be different from the channel  |      |  |
|  | cast), "E <sup>"</sup> (for n  | oncommercia                      | l educational), o                    | or "E-M" (for nonco                            | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>ne paper SA3 form.                    |      |  |
| planation of local servi   | ce area, see pa  | age (v) of the                   | general instruct                     | ions located in the                            | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                      |      |  |
| cable system carried the carried the distant stat  | he distant statio<br>ion on a part-ti  | on during the<br>me basis beca   | accounting perio                     | od. Indicate by entiticated channel of         | tering "LAC" if your cable system capacity.  |      |  |
| of a written agreement<br>the cable system and a   | t entered into o<br>a primary trans  | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre | etween a cable system<br>senting the primation | v payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa- |      |  |
| explanation of these th  | nree categories  | , see page (v                    | ) of the general i                   | instructions locate                            | ther basis, enter "Ο." For a further<br>d in the paper SA3 form.<br>γ to which the station is licensed by the    |      |  |
| FCC. For Mexican or 0<br><b>Note:</b> If you are utilizin  |  |                                  |                                      | •  | which the station is identifed.<br>channel line-up.  |      |  |
|  |  | CHANN                            | EL LINE-UP                           | AO   |  |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)           | 5. BASIS OF<br>CARRIAGE<br>(If Distant)        | 6. LOCATION OF STATION   |      |  |
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| FORM | 1 SA3E | . PAGE | 3. |
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| LEGAL NAME OF OWN  |  | /STEM·                           |                                      |  | SYSTEM ID#   |      |  |
|--|--|----------------------------------|--------------------------------------|--|--|------|--|
| CABLE ONE, IN  |  |                                  |                                      |  |  | Name |  |
| PRIMARY TRANSMITTE   | ERS: TELEVISIO   | ON                               |                                      |  |  |      |  |
| carried by your cable s  | system during t  | he accounting                    | g period, except                     | (1) stations carrie                            | and low power television stations)<br>ed only on a part-time basis under<br>ain network programs [sections       | G    |  |
| substitute program bas   | 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.<br><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program |                                  |                                      |  |  |      |  |
| basis under specifc FCC rules, regulations, or authorizations:<br>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the |  |                                  |                                      |  |  |      |  |
|  | and also in spa<br>formation cond  | ace I, if the sta                |                                      |  | tute basis and also on some other f the general instructions located   |      |  |
| Column 1: List each each multicast stream  | h station's call associated wit  | h a station ac                   | cording to its ov                    | er-the-air designa                             | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example       |      |  |
| WETA-simulcast).<br>Column 2: Give the   | e channel numl   | ber the FCC I                    | nas assigned to                      | the television stati                           | ion for broadcasting over-the-air in   |      |  |
| on which your cable sy<br>Column 3: Indicate   | stem carried the in each case v  | ne station.<br>whether the s     | tation is a netwo                    | ork station, an inde                           | may be different from the channel  |      |  |
|  | cast), "E <sup>"</sup> (for n  | oncommercia                      | l educational), o                    | or "E-M" (for nonco                            | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>ne paper SA3 form.                    |      |  |
| planation of local servi   | ce area, see pa  | age (v) of the                   | general instruct                     | ions located in the                            | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                      |      |  |
| cable system carried the carried the distant stat  | he distant statio<br>ion on a part-tii   | on during the<br>me basis bec    | accounting perio                     | od. Indicate by entiticated channel of         | tering "LAC" if your cable system capacity.  |      |  |
| of a written agreement<br>the cable system and a   | t entered into o<br>a primary trans  | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre | etween a cable system<br>senting the primation | v payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa- |      |  |
| explanation of these th  | nree categories  | , see page (v                    | ) of the general i                   | instructions locate                            | ther basis, enter "Ο." For a further<br>d in the paper SA3 form.<br>γ to which the station is licensed by the    |      |  |
| FCC. For Mexican or 0<br><b>Note:</b> If you are utilizin  |  |                                  |                                      | •  | which the station is identifed.<br>channel line-up.  |      |  |
|  |  | CHANN                            | EL LINE-UP                           | AP   |  |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)           | 5. BASIS OF<br>CARRIAGE<br>(If Distant)        | 6. LOCATION OF STATION   |      |  |
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| FORM | 1 SA3E | . PAGE | 3. |
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| LEGAL NAME OF OWN   |  | /STEM·                           |                                      |  | SYSTEM ID#   |  |
|---|--|----------------------------------|--------------------------------------|--|--|--|
| CABLE ONE, IN   |  |                                  |                                      |  |  | Name                                   |
| PRIMARY TRANSMITTE  |  | ON                               |                                      |  |  |  |
| carried by your cable s                                   | system during t                        | he accounting                    | g period, except                     | (1) stations carrie                            | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections        | G                                      |
| substitute program bas                                    | sis, as explaine                       | d in the next                    | paragraph.                           |  | and (2) certain stations carried on a<br>able system on a substitute program                                     | Primary<br>Transmitters:<br>Television |
| basis under specifc FC<br>• Do not list the station       | CC rules, regula<br>here in space      | ations, or auth<br>G—but do lis  | norizations:                         |  | ent and Program Log)—if the  | Television                             |
|   | and also in spa                        | ace I, if the sta                |                                      |  | tute basis and also on some other f the general instructions located   |  |
| Column 1: List each each multicast stream                 | h station's call associated wit        | h a station ac                   | cording to its ov                    | er-the-air designa                             | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example       |  |
| WETA-simulcast).<br>Column 2: Give the                    | e channel numl                         | ber the FCC h                    | nas assigned to                      | the television stati                           | ion for broadcasting over-the-air in   |  |
| on which your cable sy                                    | stem carried th                        | ne station.                      |                                      | 0  | may be different from the channel  |  |
|   | cast), "E" (for n                      | oncommercia                      | l educational), o                    | or "E-M" (for nonco                            | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>ne paper SA3 form.                    |  |
| planation of local servi                                  | ce area, see pa                        | age (v) of the                   | general instruct                     | ions located in the                            | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                      |  |
| cable system carried the carried the distant stat         | he distant statio<br>ion on a part-tii | on during the<br>me basis beca   | accounting perio                     | od. Indicate by entiticated channel of         | tering "LAC" if your cable system capacity.  |  |
| of a written agreement<br>the cable system and a          | t entered into o<br>a primary trans    | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre | etween a cable system<br>senting the primation | v payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa- |  |
| explanation of these th                                   | nree categories                        | , see page (v                    | ) of the general i                   | instructions locate                            | ther basis, enter "Ο." For a further<br>d in the paper SA3 form.<br>γ to which the station is licensed by the    |  |
| FCC. For Mexican or 0<br><b>Note:</b> If you are utilizin |  |                                  |                                      | •  | which the station is identifed.<br>channel line-up.  |  |
|   |  | CHANN                            | EL LINE-UP                           | AQ   |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER         | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)           | 5. BASIS OF<br>CARRIAGE<br>(If Distant)        | 6. LOCATION OF STATION   |  |
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| LEGAL NAME OF OWN                                   |                                     | /STEM·                           |   |   | SYSTEM ID#   |  |
|---|-------------------------------------|----------------------------------|---|---|--|--|
| CABLE ONE, IN                                       |                                     |                                  |   |   |  | Name                                   |
| PRIMARY TRANSMITTE                                  |                                     | ON                               |   |   |  |  |
| carried by your cable s                             | system during t                     | he accounting                    | g period, except                        | (1) stations carrie                         | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections        | G                                      |
| substitute program bas                              | sis, as explaine                    | d in the next                    | paragraph.                              |   | and (2) certain stations carried on a<br>able system on a substitute program                                     | Primary<br>Transmitters:<br>Television |
| basis under specifc FC<br>• Do not list the station | CC rules, regula<br>here in space   | ations, or auth<br>G—but do lis  | norizations:                            |   | ent and Program Log)—if the  |  |
|   | and also in spa                     | ace I, if the sta                |   |   | ute basis and also on some other<br>f the general instructions located   |  |
| Column 1: List each each multicast stream           | h station's call associated wit     | h a station ac                   | cording to its ov                       | er-the-air designa                          | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example       |  |
| WETA-simulcast).<br>Column 2: Give the              | e channel numl                      | ber the FCC I                    | nas assigned to                         | the television stati                        | on for broadcasting over-the-air in  |  |
| on which your cable sy<br>Column 3: Indicate        | stem carried the in each case v     | ne station.<br>whether the s     | tation is a netwo                       | rk station, an inde                         | may be different from the channel  |  |
|   | cast), "E" (for n                   | oncommercia                      | l educational), o                       | r "E-M" (for nonco                          | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>ne paper SA3 form.                    |  |
| planation of local servi                            | ce area, see pa                     | age (v) of the                   | general instruct                        | ions located in the                         | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                      |  |
| carried the distant stat                            | ion on a part-tii                   | me basis bec                     | ause of lack of a                       | ctivated channel of                         | tering "LAC" if your cable system<br>capacity.<br>/ payment because it is the subject                            |  |
| of a written agreement<br>the cable system and a    | t entered into o<br>a primary trans | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre    | tween a cable system<br>senting the primate | stem or an association representing<br>ry transmitter, enter the designa-<br>her basis, enter "O." For a further |  |
| explanation of these the Column 6: Give the         | nree categories<br>e location of ea | , see page (v<br>ch station. Fo  | ) of the general i<br>or U.S. stations, | instructions locate<br>list the community   | d in the paper SA3 form.<br>to which the station is licensed by the  |  |
| Note: If you are utilizin                           |                                     | nnel line-ups,                   | use a separate                          | space G for each                            | which the station is identifed.<br>channel line-up.  |  |
|   |                                     | CHANN                            | EL LINE-UP                              | AR  |  |  |
| 1. CALL<br>SIGN                                     | 2. B'CAST<br>CHANNEL<br>NUMBER      | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)              | 5. BASIS OF<br>CARRIAGE<br>(If Distant)     | 6. LOCATION OF STATION   |  |
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| FORM | 1 SA3E | . PAGE | 3. |
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| LEGAL NAME OF OWN   |  | /STEM·                           |   |   | SYSTEM ID#   |  |
|---|--|----------------------------------|---|---|--|--|
| CABLE ONE, IN   |  |                                  |   |   |  | Name                                   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO                         | ON                               |   |   |  |  |
| carried by your cable s                                   | system during t                        | he accounting                    | g period, except                        | (1) stations carrie                           | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections        | G                                      |
| substitute program bas                                    | sis, as explaine                       | d in the next                    | paragraph.                              |   | and (2) certain stations carried on a<br>able system on a substitute program                                     | Primary<br>Transmitters:<br>Television |
| basis under specifc FC<br>• Do not list the station       | CC rules, regula<br>here in space      | ations, or auth<br>G—but do lis  | norizations:                            |   | ent and Program Log)—if the  | Television                             |
|   | and also in spa                        | ace I, if the sta                |   |   | tute basis and also on some other f the general instructions located   |  |
| Column 1: List each each multicast stream                 | h station's call associated wit        | h a station ac                   | cording to its ov                       | er-the-air designa                            | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example       |  |
| WETA-simulcast).<br>Column 2: Give the                    | e channel numl                         | ber the FCC I                    | nas assigned to                         | the television stati                          | on for broadcasting over-the-air in  |  |
| on which your cable sy                                    | stem carried th                        | ne station.                      |   | 0   | may be different from the channel  |  |
|   | cast), "E" (for n                      | oncommercia                      | l educational), o                       | r "E-M" (for nonco                            | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>ne paper SA3 form.                    |  |
| Column 4: If the sta<br>planation of local servi          | ation is outside<br>ce area, see pa    | the local ser<br>age (v) of the  | vice area, (i.e. "c<br>general instruct | listant"), enter "Ye<br>ions located in the   | es". If not, enter "No". For an ex-  |  |
| cable system carried the carried the distant stat         | he distant statio<br>ion on a part-tii | on during the<br>me basis bec    | accounting perio                        | od. Indicate by enti-                         | tering "LAC" if your cable system capacity.  |  |
| of a written agreement<br>the cable system and a          | t entered into o<br>a primary trans    | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre    | tween a cable system<br>senting the primation | r payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa- |  |
| explanation of these th                                   | nree categories                        | , see page (v                    | ) of the general i                      | instructions locate                           | her basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the     |  |
| FCC. For Mexican or 0<br><b>Note:</b> If you are utilizin |  |                                  |   | •   | which the station is identifed.<br>channel line-up.  |  |
|   | 1                                      | CHANN                            | EL LINE-UP                              | AS  |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER         | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)              | 5. BASIS OF<br>CARRIAGE<br>(If Distant)       | 6. LOCATION OF STATION   |  |
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| FORM SA3E | PAGE 3    |
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| FORM SA3E. PAGE   | 3.   |  |  |  |   |   |
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|   | WNER OF CABLE S  | YSTEM:   |  |  | SYSTEM ID#  | Name  |
| CABLE ONE   | , INC.   |  |  |  |   |   |
| PRIMARY TRANSMI   | TTERS: TELEVISIO   | N  |  |  |   |   |
| In General: In spac<br>carried by your cab<br>FCC rules and regu<br>76.59(d)(2) and (4)<br>substitute Bass<br>basis under specific<br>Do not list the stat<br>station was carried<br>to be a station was carried<br>column 1: List<br>column 1: List<br>column 1: List<br>column 2: Given<br>to column 2: Given<br>to a which your cable<br>column 3: Indice<br>educational station<br>(for independent m<br>For the meaning of<br><b>Column 5:</b> If yo<br>cable system carried<br>carried the distant station<br>of a written agreem<br>the cable system a<br>tion "E" (exempt). F<br>explanation of thes<br><b>Column 6:</b> Given | ce G, identify ever<br>le system during t<br>ulations in effect or<br>, 76.61(e)(2) and (<br>basis, as explaine<br><b>is Stations:</b> With<br>FCC rules, regula-<br>tion here in space<br>ied only on a subs<br>re, and also in space<br>r information cond<br>3 form.<br>each station's call<br>am associated with<br>ETA-2". Simulcast<br>e the channel numl<br>ense. For example<br>e system carried th<br>cate in each case w<br>by entering the le<br>ulticast), "E" (for n<br>these terms, see<br>e station is outside<br>ervice area, see pu<br>u have entered "Y<br>ed the distant station<br>station on a part-tin<br>ission of a distant<br>ent entered into o<br>and a primary trans<br>for simulcasts, alse<br>e three categories<br>the location of ea<br>or Canadian static | y television st<br>he accounting<br>n June 24, 19<br>4), or 76.63 (r<br>d in the next  <br>respect to any<br>ations, or auth<br>G—but do lis<br>titute basis.<br>ace I, if the sta<br>cerning substif<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>ne station.<br>whether the st<br>etter "N" (for no<br>oncommercia<br>page (v) of the<br>the local servage (v) of the<br>the local servage (v) of the<br>es" in column<br>on during the a<br>multicast streat<br>n or before Ju<br>mitter or an ar<br>o enter "E". If<br>, see page (v)<br>ch station. Fo | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>/ distant stations<br>iorizations:<br>t it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its over<br>be reported in or<br>as assigned to<br>annel 4 in Wash<br>tation is a netwo<br>etwork), "N-M" (<br>I educational), or<br>e general instruct<br>4, you must cor<br>accounting period<br>ause of lack of a<br>esam that is not so<br>ine 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general in<br>r U.S. stations,<br>e the name of th | (1) stations carrie<br>the carriage of certa<br>1(e)(2) and (4))]; a<br>s carried by your c<br>e Special Stateme<br>d both on a substit<br>ns, see page (v) o<br>n program service:<br>er-the-air designat<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>rk station, an inde<br>for network multic<br>or "E-M" (for nonco<br>ctions located in the<br>mplete column 5, so<br>od. Indicate by ent<br>ictivated channel of<br>subject to a royalty<br>etween a cable sys<br>senting the primai<br>channel on any ot<br>instructions locate<br>list the community with | stating the basis on which your<br>ering "LAC" if your cable system<br>capacity.<br>payment because it is the subject<br>stem or an association representing<br>ry transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed. | G<br>Primary<br>Transmitters:<br>Television |
|   |  | CHANN  | EL LINE-UP   | AT   |   |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |   |
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| FORM SA3E | PAGE 3    |
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| FORM SA3E. PAGE   | 3.   |   |  |   |  |   |
|---|--|---|--|---|--|---|
|   | WNER OF CABLE S  | YSTEM:  |  |   | SYSTEM ID#   | Name  |
| CABLE ONE   | , INC.   |   |  |   |  |   |
| PRIMARY TRANSMI   | TTERS: TELEVISIO   | N   |  |   |  |   |
| carried by your cab<br>FCC rules and regu<br>76.59(d)(2) and (4)<br>substitute program<br><b>Substitute Basis</b><br>basis under specific<br>• Do not list the statis<br>station was carri<br>• List the station he<br>basis. For furthe<br>in the paper SA<br><b>Column 1:</b> List<br>each multicast streact<br>cast stream as "WE<br>WETA-simulcast).<br><b>Column 2:</b> Give<br>its community of lic<br>on which your cable<br><b>Column 3:</b> Indio<br>(for independent m<br>For the meaning of<br><b>Column 4:</b> If the<br>planation of local se<br><b>Column 5:</b> If you | ce G, identify ever<br>le system during t<br>ulations in effect or<br>, 76.61(e)(2) and (<br>basis, as explaine<br>is <b>Stations:</b> With<br>FCC rules, regula-<br>tion here in space<br>ied only on a subs-<br>re, and also in spa-<br>er information cond<br>3 form.<br>each station's call<br>am associated wite<br>TA-2". Simulcast<br>e the channel numl<br>ense. For example<br>e system carried the<br>state in each case w<br>, by entering the le<br>ulticast), "E" (for n<br>these terms, see<br>e station is outside<br>ervice area, see p<br>u have entered "Y | y television st<br>he accounting<br>n June 24, 19<br>4), or 76.63 (r<br>ed in the next  <br>respect to any<br>ations, or auth<br>G—but do lis<br>titute basis.<br>ace I, if the sta<br>cerning substif<br>sign. Do not r<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha<br>ne station.<br>whether the st<br>etter "N" (for n<br>oncommercia<br>page (v) of the<br>es" in column<br>on during the<br>me basis beca | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>y distant stations<br>orizations:<br>at it in space I (th<br>ation was carried<br>tute basis station<br>report origination<br>cording to its ov<br>t be reported in or-<br>has assigned to<br>annel 4 in Wash<br>tation is a network<br>tation is a network<br>tati | (1) stations carrie<br>the carriage of certa<br>1(e)(2) and (4))]; a<br>s carried by your c<br>the Special Stateme<br>d both on a substit<br>ns, see page (v) o<br>n program service:<br>er-the-air designal<br>column 1 (list each<br>the television stati<br>ington, D.C. This<br>with station, an inde<br>for network multic<br>or "E-M" (for nonco<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, s<br>od. Indicate by ent<br>ictivated channel co | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>stating the basis on which your<br>ering "LAC" if your cable system   | G<br>Primary<br>Transmitters:<br>Television |
| For the retransm<br>of a written agreem<br>the cable system an<br>tion "E" (exempt). F<br>explanation of these<br><b>Column 6</b> : Give<br>FCC. For Mexican  | hission of a distant<br>ent entered into o<br>nd a primary trans<br>or simulcasts, als<br>e three categories<br>the location of ea<br>or Canadian static   | n or before Ju<br>mitter or an a<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ons, if any, giv   | une 30, 2009, be<br>issociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>re the name of th   | etween a cable systemating the primaric<br>channel on any of<br>instructions locate<br>list the community<br>re community with  | payment because it is the subject<br>stem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up. |   |
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| LEGAL NAME OF OWN                                   |  | /STEM·                           |                                      |  | SYSTEM ID#   |  |
|---|--|----------------------------------|--------------------------------------|--|--|--|
| CABLE ONE, IN                                       |  |                                  |                                      |  |  | Name                                   |
| PRIMARY TRANSMITTE                                  | ERS: TELEVISIO                         | ON                               |                                      |  |  |  |
| carried by your cable s                             | system during t                        | he accounting                    | g period, except                     | (1) stations carrie                            | and low power television stations)<br>ed only on a part-time basis under<br>ain network programs [sections     | G                                      |
| substitute program bas                              | sis, as explaine                       | d in the next                    | paragraph.                           |  | and (2) certain stations carried on a<br>able system on a substitute program                                   | Primary<br>Transmitters:<br>Television |
| basis under specifc FC<br>• Do not list the station | CC rules, regula<br>here in space      | ations, or auth<br>G—but do lis  | norizations:                         |  | ent and Program Log)—if the  |  |
|   | and also in spa                        | ace I, if the sta                |                                      |  | tute basis and also on some other f the general instructions located   |  |
| each multicast stream                               | associated wit                         | h a station ac                   | cording to its ov                    | er-the-air designa                             | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example     |  |
| WETA-simulcast).<br>Column 2: Give the              | e channel numl                         | ber the FCC I                    | nas assigned to                      | the television stati                           | ion for broadcasting over-the-air in   |  |
| on which your cable sy<br>Column 3: Indicate        | stem carried the in each case v        | ne station.<br>whether the s     | tation is a netwo                    | ork station, an inde                           | may be different from the channel  |  |
|   | cast), "E <sup>"</sup> (for n          | oncommercia                      | l educational), o                    | or "E-M" (for nonco                            | ast), "I" (for independent), "I-M"<br>ommercial educational multicast).<br>ne paper SA3 form.                  |  |
| planation of local servi                            | ce area, see pa                        | age (v) of the                   | general instruct                     | ions located in the                            | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your                    |  |
| cable system carried the carried the distant stat   | he distant statio<br>ion on a part-tii | on during the<br>me basis bec    | accounting perio                     | od. Indicate by entiticated channel of         | tering "LAC" if your cable system  |  |
| of a written agreement<br>the cable system and a    | t entered into o<br>a primary trans    | n or before Ju<br>mitter or an a | une 30, 2009, be<br>ssociation repre | etween a cable system<br>senting the primation | stem or an association representing<br>ry transmitter, enter the designa-                                      |  |
| explanation of these th                             | nree categories                        | , see page (v                    | ) of the general i                   | instructions locate                            | ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>/ to which the station is licensed by the |  |
| FCC. For Mexican or C<br>Note: If you are utilizin  |  |                                  |                                      | •  | n which the station is identifed.<br>channel line-up.  |  |
|   | 1                                      | CHANN                            | EL LINE-UP                           | AV   |  |  |
| 1. CALL<br>SIGN                                     | 2. B'CAST<br>CHANNEL<br>NUMBER         | 3. TYPE<br>OF<br>STATION         | 4. DISTANT?<br>(Yes or No)           | 5. BASIS OF<br>CARRIAGE<br>(If Distant)        | 6. LOCATION OF STATION   |  |
|   |  |                                  |                                      |  |  |  |
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|   | <b>-</b>                               |                                  |                                      |  |  |  |

| FORM | 1 SA3E | . PAGE | 3. |
|------|--------|--------|----|
|      |        |        |    |

| LEGAL NAME OF OWN                                   |   | /STEM·                            |  |  | SYSTEM ID#   |  |
|---|---|-----------------------------------|--|--|--|--|
| CABLE ONE, IN                                       |   |                                   |  |  | 0101211112#  | Name                                   |
| PRIMARY TRANSMITTE                                  |   | ON                                |  |  |  |  |
| carried by your cable s                             | system during t                                 | he accounting                     | g period, except                       | (1) stations carrie                        | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections        | G                                      |
| substitute program bas                              | sis, as explaine                                | d in the next                     | paragraph.                             |  | and (2) certain stations carried on a<br>able system on a substitute program                                     | Primary<br>Transmitters:<br>Television |
| basis under specifc FC<br>• Do not list the station | CC rules, regula<br>here in space               | ations, or auth<br>G—but do lis   | norizations:                           |  | ent and Program Log)—if the  |  |
|   | and also in spa                                 | ace I, if the sta                 |  |  | ute basis and also on some other<br>f the general instructions located   |  |
| Column 1: List each each multicast stream           | h station's call associated wit                 | h a station ac                    | cording to its ov                      | er-the-air designa                         | s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example       |  |
| WETA-simulcast).<br>Column 2: Give the              | e channel numl                                  | ber the FCC I                     | nas assigned to                        | the television stati                       | ion for broadcasting over-the-air in may be different from the channel   |  |
| on which your cable sy<br>Column 3: Indicate        | stem carried the in each case v                 | ne station.<br>whether the s      | tation is a netwo                      | ork station, an inde                       | ependent station, or a noncommercial   |  |
| (for independent multion<br>For the meaning of the  | cast), "E <sup>"</sup> (for n<br>ese terms, see | oncommercia<br>page (v) of th     | l educational), c<br>e general instru  | r "E-M" (for nonco<br>ctions located in th |  |  |
| planation of local servi<br>Column 5: If you h      | ce area, see pa<br>ave entered "Y               | age (v) of the<br>es" in column   | general instruct<br>4, you must cor    | ions located in the mplete column 5, s     | stating the basis on which your  |  |
| carried the distant stat<br>For the retransmiss     | ion on a part-tii<br>ion of a distant           | me basis beca<br>multicast stre   | ause of lack of a<br>eam that is not s | ctivated channel of subject to a royalty   | payment because it is the subject  |  |
| the cable system and a tion "E" (exempt). For       | a primary trans<br>simulcasts, als              | mitter or an a<br>o enter "E". If | ssociation repre<br>you carried the    | senting the prima channel on any ot        | stem or an association representing<br>ry transmitter, enter the designa-<br>her basis, enter "O." For a further |  |
| Column 6: Give the FCC. For Mexican or C            | e location of ea<br>Canadian static             | ch station. Fo                    | or U.S. stations,<br>re the name of th | list the community<br>ne community with    | d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.           |  |
| Note: If you are utilizir                           | ng multiple chai                                |                                   | EL LINE-UP                             |  | channel line-up.   |  |
| 1. CALL   | 2. B'CAST                                       | 3. TYPE                           | 4. DISTANT?                            | 5. BASIS OF                                | 6. LOCATION OF STATION   |  |
| SIGN  | CHANNEL<br>NUMBER                               | OF<br>STATION                     | (Yes or No)                            | CARRIAGE<br>(If Distant)                   |  |  |
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| Name                                   | LEGAL NAME OF C   |   | E SYSTEI   | М:  |                                      |   |  |   | SYSTEM ID#   |
|--|---|---|--|---|--------------------------------------|---|--|---|--|
| H<br>Primary<br>Transmitters:<br>Radio | all-band basis v<br>Special Instruct<br>receivable if (1)<br>on the basis of<br>For detailed info<br>located in the p<br>Column 1: lo<br>Column 2: S<br>Column 3: If<br>signal, indicate<br>Column 4: G | t every radio s<br>whose signals<br>ctions Concer<br>it is carried by<br>monitoring, to<br>prmation about<br>aper SA3 form<br>dentify the call<br>tate whether to<br>the radio stati<br>this by placing<br>Sive the station | tation ca<br>were "ge<br>rning All<br>the sys"<br>be receive<br>t the the<br>sign of e<br>he statio<br>on's sigr<br>a check<br>s's locatio | rried on a separate and discre-<br>nerally receivable" by your ca<br><b>-Band FM Carriage:</b> Under (<br>tem whenever it is received a<br>ved at the headend, with the s<br>Copyright Office regulations of<br>each station carried.<br>In is AM or FM.<br>hal was electronically process<br>mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | abl<br>Co<br>it t<br>sy<br>on<br>sec | le system during<br>opyright Office re<br>he system's hea<br>stem's FM anten<br>this point, see p<br>d by the cable sy<br>station is licens | the accountir<br>egulations, an<br>adend, and (2)<br>nna, during ce<br>bage (vi) of the<br>ystem as a sep<br>ed by the FCC | ng period<br>FM sign<br>it can b<br>rtain sta<br>genera<br>genera | d.<br>al is generally<br>e expected,<br>ted intervals.<br>al instructions<br>nd discrete |
|  | CALL SIGN   | AM or FM  | S/D  | LOCATION OF STATION   |                                      | CALL SIGN   | AM or FM   | S/D   | LOCATION OF STATION  |
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| CABLE ONE, INC.         SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG         In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.         1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         • During the accounting period, did your cable system carry, on a substitute basis, any ponnetwork television program  | LEGAL NAME OF OWNER OF  | CABLE SYSI  | IEM:   |   |   | 5   | SYSTEM ID#    | News         |
|---|---|---|--|---|---|---|---------------|--------------|
| In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a use substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.          1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE       Substitute program         • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       Yes       Yes       No         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.       2.       LOG OF SUBSTITUTE PROGRAMS       Substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.       Substitute for every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form.       Substitute program (substitute program) that, during the accounting period, was broadcast bive, anter "Yes." Otherwise enter "No."       Column 3: Give the tild or devery nonnetwork television program.         Column 3: Give the tild program was bloation (the community to which the station is identified).       Column 6: Give the prother that your system carried by a system from 6:0:1:15 p.m. to 6:28:30 p.m. should be stated as 6:0:0-6:30 p   | CABLE ONE, INC.   |   |  |   |   |   |               | Name         |
| substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.       Substitut Carriage         1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE       Yes XINO         • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       Yes XINO         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program to a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.       Substitute to general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "ILOVE Love" or "NAB Basketball". Teres vs. Bulls."       Substitute program to a substitute program. Substitute program. Column 3: Give the toradcast station is location is location is located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "ILOVE MAB Basketball". Teres vs. Bulls."       Substitute program. Column 3: Give the data stations, if any, the community with 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with 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 located in the paper   | SUBSTITUTE CARRIAGE   | E: SPECIA   |  | IT AND PROGRAM LOG  |   |   |               |              |
| 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE       Carriagy         • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       □ Yes [X]No         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.       □ Yes [X]No         2. LOG OF SUBSTITUTE PROGRAMS       In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.       Column 1: Give the tile of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "Love Lucy" or "NBA Basketball." Teers vs. Bulls."       Column 3: Give the context and your cable system usbstitute program. Use numerals, with the month first. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."       The clear if you all your your system was permitted to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulation   | <b>In General:</b> In space I, ident substitute basis during the a  | tify every nor<br>ccounting pe  | nnetwork televis<br>eriod, under spe   | sion program broadcast by a cific present and former FC   | distant statio<br>C rules, regula   | ations, or authorizations. I  | For a further | <b> </b>     |
| Special Special spectra in the substitute of the substitute basis, any nonnetwork television program broadcast by a distant station? Special Special spectra in the spectra in  |   |   |  |   | e general instr   | fuctions located in the pap   | ber SA3 form. | Carriage:    |
| broadcast by a distant station?       Yes       Intervent       Program         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program       Program         log in block 2.       2. LOG OF SUBSTITUTE PROGRAMS       In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.       Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for further information. Do not use general categories like "movies", or "basketball:". List specific program         Column 1: Give the toral sign of the station broadcasting the substitute program.       Column 2: Give the call sign of the station broadcasting the substitute program.         Column 3: Give the call sign of the station broadcasting the substitute program.       Column 4: Give the tense when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."       Totage regramming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the list   |   | -   |  |   | s any nonna   | twork television program  |               | Special      |
| Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.         Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast stations, if any, the community to which the station is identified).         Column 5: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed pro gram was substituted for programming that your system was required to delete under FCC rules and regulat   |   |   | ii cable system  | carry, on a substitute basi   | s, any nonne  |   |               | Statement an |
| 2. LOG OF SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.         Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for further information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).         Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         Totum 7: Enter the letter "R" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting peri   | •   | ", leave the  | rest of this pag   | ge blank. If your answer is   | ʻYes," you mu   |   |               | Program Log  |
| SUBSTITUTE PROGRAM     CARRIAGE OCCURRED     7. REASON<br>FOR       1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIMES     DELETION  | In General: List each subsiciear. If you need more space of the space | titute progra<br>ace, please a<br>of every no<br>distant stat<br>egulations, o<br>ation. Do no<br>Lucy" or "NE<br>m was broad<br>sign of the s<br>adcast statio<br>nadian statio<br>nth and day<br>ve "5/7."<br>es when the<br>. Example: a<br>ter "R" if the<br>and regulation<br>rogramming | am on a separa<br>attach additiona<br>innetwork telev-<br>ion and that yo<br>or authorization<br>of use general of<br>BA Basketball:<br>dcast live, enter<br>station broadca<br>on's location (th<br>ons, if any, the<br>when your sys<br>e substitute pro<br>a program carri-<br>listed program<br>ons in effect du | al pages.<br>ision program (substitute p<br>our cable system substitute<br>s. See page (vi) of the gen<br>categories like "movies", or<br>76ers vs. Bulls."<br>r "Yes." Otherwise enter "N<br>asting the substitute progra<br>he community to which the<br>community with which the<br>tem carried the substitute p<br>gram was carried by your of<br>ed by a system from 6:01:"<br>was substituted for progra<br>uring the accounting period | rogram) that,<br>d for the prog<br>eral instructio<br>"basketball".<br>lo."<br>m.<br>station is lice<br>station is ider<br>program. Use<br>cable system.<br>15 p.m. to 6:2<br>mming that y<br>; enter the let | during the accounting<br>ramming of another stati<br>ins located in the paper<br>List specific program<br>nsed by the FCC or, in<br>ntified).<br>numerals, with the mon<br>List the times accurately<br>8:30 p.m. should be<br>our system was required<br>ter "P" if the listed pro | th<br>Y       |              |
| SUBSTITUTE PROGRAM         CARRIAGE OCCURRED         FOR           1. TITLE OF PROGRAM         2. LIVE?         3. STATION'S         5. MONTH         6. TIMES         DELETION   |   |   |  |   |   |   | 7 REASON      |              |
| 1. IIILE OF PROGRAM 2. LIVE: 0. STATIONS  | 5   | 1   |  |   |   |   | FOR           |              |
|   | 1. TITLE OF PROGRAM   |   |  | 4. STATION'S LOCATION   |   |   | DELETION      |              |
|   |   |   |  |   |   | _   |               |              |
| Image: Second                     |   |   |  |   |   |   |               |              |
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| Image: second secon |   |   |  |   |   |   |               |              |
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## ACCOUNTING PERIOD: 2018/1

| CCOUNTING                         | PERIOD: 2018/1   |  |  |   |   |  |   |   | FORM SA | A3E. PAGE 6 |
|-----------------------------------|--|--|--|---|---|--|---|---|---------|-------------|
| Name                              | LEGAL NAME OF C  |  | E SYSTEM:  |   |   |  |   |   | SY      | STEM ID#    |
| J<br>Part-Time<br>Carriage<br>Log | time carriage du<br>hours your syst<br>Column 1 (C<br>column 5 of spa<br>Column 2 (D<br>curred during th<br>• Give the mont<br>"4/10."<br>• State the start<br>television statio<br>"app." Example | is space ties in<br>ue to lack of act<br>em carried that<br><b>call sign):</b> Give<br>ace G.<br><b>Pates and hour</b><br>he accounting p<br>h and day when<br>ing and ending<br>n's broadcast d<br>: "12:30 a.m 3 | with column 5 of spar<br>itivated channel capao<br>station. If you need r<br>the call sign of every<br><b>s of carriage):</b> For e<br>eriod.<br>In the carriage occurre<br>times of carriage to t<br>lay, you may give an | city, you are re-<br>more space, p<br>v distant statio<br>ach station, list<br>ed. Use nume<br>he nearest qu<br>approximate e | equir<br>lease<br>n wh<br>st the<br>rals,<br>artei<br>endir | ed to complete t<br>e attach addition<br>nose basis of car<br>e dates and hou<br>with the month<br>r hour. In any can<br>ng hour, followed | his log giving th<br>hal pages.<br>riage you identi<br>rs when part-tim<br>first. Example: fo<br>se where carria<br>d by the abbrevia | e total dates a<br>fied by "LAC" i<br>ne carriage oc-<br>or April 10 give<br>ge ran to the e<br>ation | n       | 2           |
|                                   |  |  | DATES /  | AND HOURS   | OF F  | PART-TIME CAP  | RRIAGE  |   |         |             |
|                                   | CALL SIGN  | WHEN   | I CARRIAGE OCCU  | RRED  |   | CALL SIGN  | WHEN  | I CARRIAGE (  | OCCUR   | RED         |
|                                   | CALL SIGN  | DATE   | HOUR   | S<br>TO   |   | CALL SIGN  | DATE  | FROM  | HOURS   | то          |
|                                   |  | DATE   | -  | 10  |   |  | DATE  | TROM  | _       | 10          |
|                                   |  |  |  |   |   |  |   |   | _       |             |
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| FORM  | SA3E. PAGE 7.   |                              |  |
|---|---|------------------------------|--|
| LEGA  | L NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#                   | Nome   |
| CA  | BLE ONE, INC.   |                              | Name   |
| Inst<br>all a<br>(as i<br>page                                    | DSS RECEIPTS<br>ructions: The figure you give in this space determines the form you fle and the amoun<br>mounts (gross receipts) paid to your cable system by subscribers for the system's sec<br>dentifed in space E) during the accounting period. For a further explanation of how to de<br>(vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s)<br>during the accounting period.<br>ORTANT: You must complete a statement in space P concerning gross receipts.  | ondary transmission service  | <b>K</b><br>Gross Receipts                           |
|   |   |                              |  |
| Instru<br>• Con<br>• Con<br>• If you<br>fee f<br>• If you<br>acco | <b>RIGHT ROYALTY FEE</b><br><b>ctions</b> : Use the blocks in this space L to determine the royalty fee you owe:<br>nplete block 1, showing your minimum fee.<br>nplete block 2, showing whether your system carried any distant television stations.<br>ur system did not carry any distant television stations, leave block 3 blank. Enter the a<br>from block 1 on line 1 of block 4, and calculate the total royalty fee.<br>ur system did carry any distant television stations, you must complete the applicable p<br>ompanying this form and attach the schedule to your statement of account.<br>rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b | arts of the DSE Schedule     | L<br>Copyright<br>Royalty Fee                        |
|   | k 3 below.  |                              |  |
| If pa<br>3 be   | rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.  | entered on line 2 in block   |  |
|   | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.  | ould be entered on line      |  |
| Block<br>1  | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or mor<br>least the minimum fee, regardless of whether they carried any distant stations. This fe<br>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<br>Line 2. Multiply the amount in line 1 by 0.01064   | \$ 654,323.00                |  |
|   | Enter the result here.  |                              |  |
|   | This is your minimum fee.   | \$ 6,962.00                  |  |
| Block<br>2<br>Block<br>3  | <ul> <li>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.</li> <li>Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. No—Leave block 3 below blank and c</li> <li>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</li> <li>Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE</li> </ul>   | nn 4, you must check<br>iod? |  |
|   | schedule. If none, enter zero   |                              |  |
|   | Line 3. Add lines 1 and 2 and enter here  | \$-                          |  |
| Block<br>4  | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee<br>from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,<br>whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7  | \$ 6,962.00                  | Cable systems<br>submitting                          |
|   | (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.  | r <u>0.00</u>                | additional<br>deposits under                         |
|   | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9<br>(Interest Worksheet)  | 0.00                         | Section 111(d)(7)<br>should contact<br>the Licensing |
|   | Line 4. FILING FEE.   | \$ 725.00                    | additional fees.<br>Division for the<br>appropriate  |
|   | <b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here  | \$ 7,687.00                  | form for<br>submitting the<br>additional fees.       |
|   | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (<br>general instructions located in the paper SA3 form for more information.)   | See page (i) of the          |  |

| Name       CABLE ONE, INC.         M       CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.   | TEM ID# |
|--|---------|
| <b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  |         |
| Channels       1. Enter the total number of channels on which the cable system carried television broadcast stations   | ]       |
| N       INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)         Individual to       Be Contacted   |         |
| for Further<br>Information         Name         EMERSON YEARWOOD         Telephone         602-364-6195  |         |
| Address 210 E. EARLL DRIVE<br>(Number, street, rural route, apartment, or suite number)  |         |
| PHOENIX, AZ 85012-2626<br>(City, town, state, zip)   |         |
| Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013  |         |
| CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.  |         |
| Certifcation • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  |         |
|  |         |
| (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or   |         |
| (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.   |         |
| <ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>   |         |
| X /s/ Raymond Storck   |         |
| Enter an electronic signature on the line above using an "/s/" signature to certify this statement.<br>(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the<br>"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. |         |
| Typed or printed name: RAYMOND STORCK  |         |
| Title: VICE PRESIDENT<br>(Title of official position held in corporation or partnership)   |         |
| Date: February 28, 2019  | ••      |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorazes the Copyright Office 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 Office'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 th 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

| FORM  | SV3E  | PAGE9 |
|-------|-------|-------|
| FURIN | SASE. | PAGE9 |

| EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#  | Name                         |
|---|------------------------------|
| CABLE ONE, INC.   |                              |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>lowing sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic<br>service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-<br>scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | P<br>Special<br>Statement    |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  | Concerning<br>Gross Receipts |
| During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  | Exclusion                    |
| ΧΝΟ   |                              |
| YES. Enter the total here and list the satellite carrier(s) below   |                              |
| Name Name   |                              |
| Mailing Address Mailing Address   |                              |
|   |                              |
|   |                              |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  | •                            |
| For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | Q                            |
| Line 1 Enter the amount of late payment or underpayment   | Interest                     |
| ×   | Assessment                   |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   |                              |
| x 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)   |                              |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  |                              |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  |                              |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce,<br>please list below the owner, address, first community served, accounting period, and ID number as given in the original<br>filing.  |                              |
| Owner Address   |                              |
| First community served  |                              |
| Accounting period   |                              |
| ID number   |                              |
| rivacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested of  | n 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.

### 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 carriec 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 LISTEE IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

| • Independent: its type-value is                                   | 1.00 |
|--|------|
| • Network: its type-value is                                       | 0.25 |
| Noncommercial educational: its type-value is                       | 0.25 |
| Note that local stations are not counted at all in computing DSEs. |      |

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station sover 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 anc the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

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

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in 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 sys-

tems 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, noncommercial 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.

## DSE SCHEDULE. PAGE 11.

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

Determine whether any of the stations you carried were partially distantthat 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 DSF 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.

TOTAL DSEs

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) 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

CITY

Santa Rosa

Rapid City

Fairvale

Bodega Bay

DSE

1.0

1.0

0.083

0.139

0.25

2.472

Distant Stations Carried STATION In most cases under current FCC rules, all of Fairvale would be within A (independent) B (independent) the local service area of both stations C (part-time) A and C and all of Rapid City and Bo-D (part-time) dega Bay would be within the local E (network) service areas of stations B, D, and E.



| Minimum Fee Total Gross F    | Receipts     | \$600,000.00                |              |                             |              |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
|                              |              | x .01064                    |              |                             |              |
|                              |              | \$6,384.00                  |              |                             |              |
| 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   |

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B. D. and E

TOTAL GROSS RECEIPTS

SERVICE AREA OF

Stations A, B, C, D ,E

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600,000.00

FROM SUBSCRIBERS

## ACCOUNTING PERIOD: 2018/1

# DSE SCHEDULE. PAGE 11. (CONTINUED)

|                      | LEGAL NAME OF OWNER OF CABLE  | - SYSTEM            |                                  |   | SY                       | STEM ID# |
|----------------------|---|---------------------|----------------------------------|---|--------------------------|----------|
| 1                    | CABLE ONE, INC.   |                     |                                  |   | 0.                       | 01211121 |
|                      |   |                     |                                  |   |                          |          |
|                      | SUM OF DSEs OF CATEGOR  |                     | NS:                              |   |                          |          |
|                      | <ul> <li>Add the DSEs of each station<br/>Enter the sum here and in line</li> </ul> |                     | s schodulo                       |   | 0.00                     |          |
|                      |   | i oi part o oi tili | s schedule.                      |   | 0.00                     |          |
| 2                    | Instructions:   |                     |                                  |   |                          |          |
| 2                    | In the column headed "Call S  | Sign": list the ca  | Il signs of all distant stations | identified by th                        | e letter "O" in column 5 |          |
| Computation          | of space G (page 3).<br>In the column headed "DSE"                                  | : for each indep    | endent station give the DSF      | as "1 0". for e                         | ach network or noncom-   |          |
| of DSEs for          | mercial educational station, giv  |                     |                                  |   |                          |          |
| Category "O"         |   |                     | CATEGORY "O" STATION             | IS: DSEs                                |                          |          |
| Stations             | CALL SIGN   | DSE                 | CALL SIGN                        | DSE                                     | CALL SIGN                | DSE      |
|                      |   |                     |                                  |   |                          |          |
|                      |   |                     |                                  |   |                          |          |
|                      |   |                     |                                  |   |                          |          |
|                      |   |                     |                                  |   |                          |          |
|                      |   |                     |                                  | · <b>+</b>                              |                          |          |
| Add rows as          |   |                     |                                  | +                                       |                          |          |
| necessary.           |   |                     |                                  | -                                       |                          |          |
| Remember to copy     |   |                     |                                  | +                                       |                          |          |
| all formula into new |   |                     |                                  |   |                          |          |
| rows.                |   |                     |                                  |   |                          |          |
|                      |   |                     |                                  |   |                          |          |
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|                      |   |                     |                                  | ••••••••••••••••••••••••••••••••••••••• |                          |          |
|                      |   |                     |                                  |   |                          |          |
|                      |   |                     |                                  |   |                          |          |
|                      |   |                     |                                  |   |                          |          |
|                      |   |                     |                                  | ••••••••••••••••••••••••••••••••••••••• |                          |          |
|                      |   |                     |                                  |   |                          |          |
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|                      |   |                     |                                  |   |                          |          |
|                      |   |                     |                                  | -                                       |                          |          |
|                      |   |                     |                                  |   |                          |          |
|                      |   |                     |                                  | .                                       |                          |          |
|                      |   |                     |                                  |   |                          |          |
|                      |   |                     |                                  | <u> </u>                                |                          |          |
|                      |   |                     |                                  |   |                          |          |
|                      |   |                     |                                  |   |                          |          |

| Name   |  |  |   |   |   |  | 3   | YSTEM  |
|--|--|--|---|---|---|--|---|--------|
|  | CABLE ONE  | E, INC.  |   |   |   |  |   |        |
| <b>3</b><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel<br>Capacity | Column 2<br>figure should<br>Column 3<br>be carried out<br>Column 4<br>give the type-<br>Column 6  | st the call sign of all distant<br>2: For each station, give the<br>correspond with the inform<br>3: For each station, give the<br>4: Divide the figure in colu-<br>t at least to the third decine<br>5: For each independent servalue as ".25."<br>5: Multiply the figure in col-<br>point. This is the station's   | ne number of h<br>mation given in<br>ne total numbe<br>imn 2 by the fig<br>nal point. This i<br>station, give the<br>station, give the<br>lumn 4 by the f<br>DSE. (For mo   | ours your cable system<br>a space J. Calculate of<br>r of hours that the sta-<br>gure in column 3, and<br>is the "basis of carrian<br>e "type-value" as "1.0.<br>figure in column 5, an<br>re information on rou  | em carried the sta<br>nly one DSE for<br>titon broadcast ov<br>give the result in<br>ge value" for the<br>" For each netwo<br>d give the result in<br>nding, see page (                                     | tion during the account<br>each station.<br>/er the air during the ac<br>decimals in column 4.<br>station.<br>ork or noncommercial ec<br>n column 6. Round to n<br>(viii) of the general instru-                             | counting period.<br>This figure must<br>ducational station,<br>o less than the  |        |
|  |  |  |   | LAC STATIONS:   |   |  |   |        |
|  | 1. CALL<br>SIGN  | 2. NUMBE<br>OF HOU<br>CARRIE<br>SYSTEM   | JRS<br>D BY   | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR  | 4. BASIS OI<br>CARRIAC<br>VALUE   |  |   | SE     |
|  |  |  |   |   |   |  |   |        |
|  |  |  |   |   |   |  |   |        |
|  |  |  |   |   |   | x  |   |        |
|  |  |  |   |   |   | x  |   |        |
|  |  |  |   |   |   |  |   |        |
|  |  |  | ÷<br>_  |   | =   | x<br>x   | =   |        |
|  | Add the DSEs   | S OF CATEGORY LAC S<br>of each station.<br>Im here and in line 2 of pa   |   | nedule,   |   | 0.0  | 0   |        |
| of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effe<br>• Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:  | of each station.   | art 5 of this sch<br>ation listed in s <sub>i</sub><br>tution for a pro<br>as shown by th<br>ork programs du<br>number of live<br>spond with the i<br>i in the calenda<br>in 2 by the figu  | pace I (page 5, the Lo<br>gram that your syster<br>le letter "P" in column<br>uring that optional carr<br>, nonnetwork program<br>information in space<br>ar year: 365, except ir<br>re in column 3, and g  | bg of Substitute P<br>m was permitted<br>7 of space I); an<br>riage (as shown by<br>ns carried in subs<br>l.<br>a leap year.<br>ive the result in c   | trograms) if that station:<br>to delete under FCC rul<br>d<br>the word "Yes" in colum<br>stitution for programs that<br>olumn 4. Round to no le  | es and regular-<br>n 2 of<br>at were deleted<br>ess than the third  | rm).   |
| -<br>Computation<br>of DSEs for  | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effe<br>• Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:  | of each station.<br>Im here and in line 2 of particular<br>we the call sign of each states<br>d by your system in substites<br>eact on October 19, 1976 (if<br>one or more live, nonnetwork<br>For each station give the<br>This figure should corress<br>Enter the number of days<br>Divide the figure in colum<br>This is the station's DSE (  | art 5 of this sch<br>ation listed in sp<br>tution for a pro<br>as shown by th<br>ork programs du<br>number of live<br>spond with the i<br>i in the calenda<br>n 2 by the figur<br>(For more infor   | pace I (page 5, the Lo<br>ogram that your system<br>the letter "P" in column<br>uring that optional carr<br>, nonnetwork program<br>information in space I<br>ar year: 365, except in<br>re in column 3, and g<br>mation on rounding, s   | bg of Substitute P<br>m was permitted<br>7 of space I); an<br>riage (as shown by<br>ns carried in subs<br>l.<br>a leap year.<br>ive the result in c<br>see page (viii) of                                   | Programs) if that station:<br>to delete under FCC rul<br>d<br>v the word "Yes" in colum<br>stitution for programs that<br>olumn 4. Round to no le<br>the general instructions  | es and regular-<br>n 2 of<br>at were deleted<br>ess than the third  | rm).   |
| -<br>Computation<br>of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effe<br>• Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:  | of each station.<br>Im here and in line 2 of particular<br>we the call sign of each states<br>d by your system in substites<br>eact on October 19, 1976 (if<br>one or more live, nonnetwork<br>For each station give the<br>This figure should corress<br>Enter the number of days<br>Divide the figure in colum<br>This is the station's DSE (  | art 5 of this sch<br>ation listed in sp<br>tution for a pro<br>as shown by th<br>ork programs du<br>number of live<br>spond with the i<br>in the calenda<br>in 2 by the figur<br>(For more infor<br>BSTITUTE-I<br>3. NUMBE<br>OF DAY  | pace I (page 5, the Lo<br>orgram that your system<br>le letter "P" in column<br>uring that optional carri-<br>, nonnetwork program<br>information in space<br>ar year: 365, except ir<br>re in column 3, and g<br>mation on rounding, s<br>BASIS STATION<br>R 4. DSE<br>S 4. DSE  | bg of Substitute P<br>m was permitted<br>7 of space I); an<br>riage (as shown by<br>ns carried in subs<br>l.<br>a leap year.<br>ive the result in c<br>see page (viii) of                                   | Programs) if that station:<br>to delete under FCC rul<br>d<br>v the word "Yes" in colum<br>stitution for programs that<br>olumn 4. Round to no le<br>the general instructions  | es and regular-<br>n 2 of<br>at were deleted<br>ess than the third<br>in the paper SA3 fo<br>3. NUMBER<br>OF DAYS   | 1      |
| -<br>Computation<br>of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in eff<br>• Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.   | of each station.<br>Im here and in line 2 of particular<br>we the call sign of each states<br>d by your system in substites<br>eact on October 19, 1976 (i<br>one or more live, nonnetwo<br>For each station give the<br>This figure should corress<br>Enter the number of days<br>Divide the figure in column<br>This is the station's DSE (I<br>SUI<br>2. NUMBER<br>OF   | art 5 of this sch<br>ation listed in sp<br>tution for a pro<br>as shown by th<br>pork programs du<br>number of live<br>spond with the is<br>in the calenda<br>in 2 by the figur<br>(For more infor<br>BSTITUTE-I<br>3. NUMBE<br>OF DAY<br>IN YEAF   | pace I (page 5, the Lo<br>gram that your system<br>le letter "P" in column<br>uring that optional carr<br>, nonnetwork program<br>information in space I<br>ar year: 365, except ir<br>re in column 3, and g<br>mation on rounding, s<br>BASIS STATION<br>R 4. DSE<br>S   | og of Substitute P<br>m was permitted<br>7 of space I); an<br>riage (as shown by<br>ns carried in subs<br>a leap year.<br>ive the result in c<br>see page (viii) of<br>IS: COMPUT/<br>I. CALL<br>SIGN       | rograms) if that station:<br>to delete under FCC rul<br>d<br>the word "Yes" in colum<br>stitution for programs the<br>olumn 4. Round to no le<br>the general instructions<br>ATION OF DSEs<br>2. NUMBER<br>OF                | es and regular-<br>n 2 of<br>at were deleted<br>ess than the third<br>in the paper SA3 for<br>3. NUMBER<br>OF DAYS<br>IN YEAR   | 4. D\$ |
| -<br>Computation<br>of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in eff<br>• Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.   | of each station.<br>Im here and in line 2 of paragraphic | art 5 of this sch<br>ation listed in sp<br>tution for a pro<br>as shown by th<br>pork programs du<br>number of live<br>spond with the is<br>in the calenda<br>in 2 by the figur<br>(For more infor<br>BSTITUTE-I<br>3. NUMBE<br>OF DAY<br>IN YEAF   | pace I (page 5, the Lo<br>gram that your system<br>le letter "P" in column<br>uring that optional carr<br>, nonnetwork program<br>information in space I<br>ar year: 365, except ir<br>re in column 3, and g<br>mation on rounding, s<br>BASIS STATION<br>R 4. DSE<br>S   | og of Substitute P<br>m was permitted<br>7 of space I); an<br>riage (as shown by<br>ns carried in subs<br>a leap year.<br>ive the result in c<br>see page (viii) of<br>IS: COMPUT/<br>I. CALL<br>SIGN       | rograms) if that station:<br>to delete under FCC rul<br>d<br>the word "Yes" in colum<br>stitution for programs that<br>olumn 4. Round to no le<br>the general instructions<br>ATION OF DSEs<br>2. NUMBER<br>OF<br>PROGRAMS   | es and regular-<br>n 2 of<br>at were deleted<br>ess than the third<br>in the paper SA3 for<br>3. NUMBER<br>OF DAYS<br>IN YEAR   | 4. DS  |
| -<br>Computation<br>of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in eff<br>• Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.   | of each station.<br>Im here and in line 2 of paragraphic | art 5 of this sch<br>ation listed in sp<br>tution for a pro<br>as shown by th<br>pork programs du<br>number of live<br>spond with the is<br>in the calenda<br>in 2 by the figur<br>(For more infor<br>BSTITUTE-I<br>3. NUMBE<br>OF DAY<br>IN YEAF   | pace I (page 5, the Lo<br>gram that your system<br>le letter "P" in column<br>uring that optional carr<br>, nonnetwork program<br>information in space I<br>ar year: 365, except ir<br>re in column 3, and g<br>mation on rounding, s<br>BASIS STATION<br>R 4. DSE<br>S   | og of Substitute P<br>m was permitted<br>7 of space I); an<br>riage (as shown by<br>ns carried in subs<br>a leap year.<br>ive the result in c<br>see page (viii) of<br>IS: COMPUT/<br>I. CALL<br>SIGN       | rograms) if that station:<br>to delete under FCC rul<br>d<br>the word "Yes" in colum<br>stitution for programs the<br>olumn 4. Round to no le<br>the general instructions<br>ATION OF DSES<br>2. NUMBER<br>OF<br>PROGRAMS    | es and regular-<br>n 2 of<br>at were deleted<br>ess than the third<br>in the paper SA3 fo<br>3. NUMBER<br>OF DAYS<br>IN YEAR<br>+<br>+  | 4. DS  |
| -<br>Computation<br>of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in eff<br>• Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.   | of each station.<br>Im here and in line 2 of paragraphic | art 5 of this sch<br>ation listed in sp<br>tution for a pro<br>as shown by th<br>pork programs du<br>number of live<br>spond with the is<br>in the calenda<br>in 2 by the figur<br>(For more infor<br>BSTITUTE-I<br>3. NUMBE<br>OF DAY<br>IN YEAF   | pace I (page 5, the Lo<br>gram that your system<br>le letter "P" in column<br>uring that optional carr<br>, nonnetwork program<br>information in space I<br>ar year: 365, except ir<br>re in column 3, and g<br>mation on rounding, s<br>BASIS STATION<br>R 4. DSE<br>S 4   | og of Substitute P<br>m was permitted<br>7 of space I); an<br>riage (as shown by<br>ns carried in subs<br>a leap year.<br>ive the result in c<br>see page (viii) of<br>IS: COMPUT/<br>I. CALL<br>SIGN       | rograms) if that station:<br>to delete under FCC rul<br>d<br>the word "Yes" in colum<br>stitution for programs that<br>olumn 4. Round to no le<br>the general instructions<br>ATION OF DSEs<br>2. NUMBER<br>OF<br>PROGRAMS   | es and regular-<br>n 2 of<br>at were deleted<br>ess than the third<br>in the paper SA3 fo<br>3. NUMBER<br>OF DAYS<br>IN YEAR<br>+<br>+  | 4. D\$ |
| -<br>Computation<br>of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effe<br>• Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.<br>1. CALL<br>SIGN   | of each station.<br>Im here and in line 2 of paragraphic | atton listed in sp<br>tution for a pro<br>as shown by th<br>ork programs du<br>number of live<br>spond with the is<br>in the calenda<br>in 2 by the figui<br>(For more infor<br>BSTITUTE-I<br>3. NUMBE<br>OF DAY<br>IN YEAF   | pace I (page 5, the Lo<br>gram that your systeme<br>letter "P" in column<br>uring that optional carr<br>, nonnetwork program<br>information in space I<br>ar year: 365, except in<br>re in column 3, and g<br>mation on rounding, s<br>BASIS STATION<br>IR 4. DSE<br>S<br>I =<br>=<br>=<br>=<br>=<br>=<br>=<br>=<br>=<br>=<br>=<br>=                                | og of Substitute P<br>m was permitted<br>7 of space I); an<br>riage (as shown by<br>ns carried in subs<br>i.<br>a leap year.<br>ive the result in c<br>see page (viii) of<br>IS: COMPUT/<br>1. CALL<br>SIGN | rograms) if that station:<br>to delete under FCC rul<br>d<br>the word "Yes" in colum<br>stitution for programs the<br>olumn 4. Round to no le<br>the general instructions<br>ATION OF DSES<br>2. NUMBER<br>OF<br>PROGRAMS    | es and regular-<br>n 2 of<br>at were deleted<br>ess than the third<br>in the paper SA3 for<br>3. NUMBER<br>OF DAYS<br>IN YEAR<br>+<br>+<br>+<br>+<br>+                          | 4. D\$ |
| -<br>Computation<br>of DSEs for<br>Substitute-   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effe<br>• Broadcasto<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.<br>1. CALL<br>SIGN<br>1. CALL<br>SIGN<br>SUM OF DSEs<br>Add the DSEs<br>Enter the su   | of each station.<br>Im here and in line 2 of particular<br>the the call sign of each state<br>d by your system in substite<br>eact on October 19, 1976 (conserved)<br>For each station give the<br>This figure should corress<br>Enter the number of days<br>Divide the figure in column<br>This is the station's DSE (conserved)<br>SUI<br>2. NUMBER<br>OF<br>PROGRAMS  | art 5 of this sch<br>ation listed in sp<br>tution for a pro<br>as shown by th<br>ork programs du<br>number of live<br>spond with the i<br>in the calenda<br>in 2 by the figur<br>(For more infor<br>BSTITUTE-I<br>3. NUMBE<br>OF DAY<br>IN YEAF<br>S STATIONS:<br>art 5 of this sch<br>ounts from the b | pace I (page 5, the Lo<br>gram that your systeme<br>le letter "P" in column<br>uring that optional carri-<br>nonnetwork program<br>information in space I<br>ar year: 365, except ir<br>re in column 3, and g<br>mation on rounding, st<br>BASIS STATION<br>R 4. DSE<br>8<br>8<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9 | og of Substitute P<br>n was permitted<br>7 of space I); an<br>riage (as shown by<br>ns carried in subs<br>i.<br>a leap year.<br>ive the result in c<br>see page (viii) of<br>IS: COMPUT/<br>I. CALL<br>SIGN | rograms) if that station:<br>to delete under FCC rul<br>d<br>r the word "Yes" in colum<br>stitution for programs that<br>olumn 4. Round to no le<br>the general instructions<br>ATION OF DSEs<br>2. NUMBER<br>OF<br>PROGRAMS | es and regular-<br>n 2 of<br>at were deleted<br>ess than the third<br>in the paper SA3 for<br>3. NUMBER<br>OF DAYS<br>IN YEAR<br>+<br>+<br>+<br>+<br>+<br>+<br>0                | 4. DS  |
| Computation<br>of DSEs for<br>Substitute-<br>asis Stations   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effe<br>• Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.<br>1. CALL<br>SIGN<br>1. CALL<br>SIGN<br>SUM OF DSEs<br>Add the DSEs<br>Enter the su<br>TOTAL NUMBI<br>number of DSE                               | of each station.<br>Im here and in line 2 of particular<br>we the call sign of each state<br>d by your system in substite<br>ect on October 19, 1976 (i<br>one or more live, nonnetwork<br>For each station give the<br>This figure should corress<br>Enter the number of days<br>Divide the figure in colum<br>This is the station's DSE (I<br>SUI<br>2. NUMBER<br>OF<br>PROGRAMS<br>#<br>#<br>#<br>#<br>#<br>#<br>#<br>#<br>#<br>#<br>#<br>#   | art 5 of this sch<br>ation listed in sp<br>tution for a pro<br>as shown by th<br>ork programs du<br>number of live<br>spond with the i<br>in the calenda<br>in 2 by the figur<br>(For more infor<br>BSTITUTE-I<br>3. NUMBE<br>OF DAY<br>IN YEAF<br>S STATIONS:<br>art 5 of this sch<br>ounts from the b | pace I (page 5, the Lo<br>gram that your systeme<br>le letter "P" in column<br>uring that optional carri-<br>nonnetwork program<br>information in space I<br>ar year: 365, except ir<br>re in column 3, and g<br>mation on rounding, st<br>BASIS STATION<br>R 4. DSE<br>8<br>8<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9 | og of Substitute P<br>n was permitted<br>7 of space I); an<br>riage (as shown by<br>ns carried in subs<br>i.<br>a leap year.<br>ive the result in c<br>see page (viii) of<br>IS: COMPUT/<br>I. CALL<br>SIGN | rograms) if that station:<br>to delete under FCC rul<br>d<br>r the word "Yes" in colum<br>stitution for programs that<br>olumn 4. Round to no le<br>the general instructions<br>ATION OF DSEs<br>2. NUMBER<br>OF<br>PROGRAMS | es and regular-<br>n 2 of<br>at were deleted<br>ess than the third<br>in the paper SA3 for<br>3. NUMBER<br>OF DAYS<br>IN YEAR<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>0<br>0 | 4. D\$ |
| Computation<br>of DSEs for<br>Substitute-<br>asis Stations   | Add the DSEs<br>Enter the su<br>Instructions:<br>Column 1: Giv<br>• Was carried<br>tions in effe<br>• Broadcasto<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4:<br>decimal point.<br>1. CALL<br>SIGN<br>1. CALL<br>SIGN<br>SUM OF DSEs<br>Add the DSEs<br>Enter the su<br>TOTAL NUMBI<br>number of DSE<br>1. Number of<br>2. Number of | of each station.<br>Im here and in line 2 of particular<br>the the call sign of each state<br>d by your system in substite<br>each on October 19, 1976 (i.<br>For each station give the<br>This figure should corress<br>Enter the number of days<br>Divide the figure in colum<br>This is the station's DSE (I.<br>SUI<br>2. NUMBER<br>OF<br>PROGRAMS<br>*<br>*<br>*<br>*<br>*<br>*<br>*<br>*<br>*<br>*<br>*<br>*<br>*  | art 5 of this sch<br>ation listed in sp<br>tution for a pro<br>as shown by th<br>ork programs du<br>number of live<br>spond with the i<br>in the calenda<br>in 2 by the figur<br>(For more infor<br>BSTITUTE-I<br>3. NUMBE<br>OF DAY<br>IN YEAF<br>S STATIONS:<br>art 5 of this sch<br>ounts from the b | pace I (page 5, the Lo<br>gram that your systeme<br>le letter "P" in column<br>uring that optional carri-<br>nonnetwork program<br>information in space I<br>ar year: 365, except ir<br>re in column 3, and g<br>mation on rounding, st<br>BASIS STATION<br>R 4. DSE<br>8<br>8<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9 | og of Substitute P<br>n was permitted<br>7 of space I); an<br>riage (as shown by<br>ns carried in subs<br>i.<br>a leap year.<br>ive the result in c<br>see page (viii) of<br>IS: COMPUT/<br>I. CALL<br>SIGN | rograms) if that station:<br>to delete under FCC rul<br>d<br>r the word "Yes" in colum<br>stitution for programs that<br>olumn 4. Round to no le<br>the general instructions<br>ATION OF DSEs<br>2. NUMBER<br>OF<br>PROGRAMS | es and regular-<br>n 2 of<br>at were deleted<br>ess than the third<br>in the paper SA3 fo<br>3. NUMBER<br>OF DAYS<br>IN YEAR<br>+<br>+<br>+<br>+<br>+<br>+<br>0                 | 4. DS  |

## DSE SCHEDULE. PAGE 13.

| LEGAL NAME OF C  |   | SYSTEM:                                    |                  |  |                |                 | S                     | YSTEM ID#    | Name  |
|--|---|--|------------------|--|----------------|-----------------|-----------------------|--------------|---|
|  |   |  |                  |  |                |                 |                       |              |   |
| schedule.  | "Yes," leave the re   | emainder of p                              |                  | 7 of the DSE sche                          | edule blank ar | nd complete pa  | art 8, (page 16) of   | the          | 6   |
| If your answer if  | "No," complete blo  |  |                  | ELEVISION M                                | ARKETS         |                 |                       |              | Computation of                                |
|  | 1981?   | outside of all n<br>schedule—E<br>C below. | major and sma    | Iller markets as de                        | fined under s  | PART 6 AND 7    |                       | gulations in | 3.75 Fee                                      |
|  |   | BLOC                                       | CK B: CARR       | IAGE OF PERI                               | MITTED DS      | SEs             |                       |              |   |
| Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.) |   |  |                  |  |                |                 |                       |              |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE   | BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.<br>PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to |  |                  |  |                |                 |                       |              |   |
| Column 3:  |   | e stations ide                             | ntified by the I | n parts 2, 3, and 4<br>etter "F" in column |                |                 | vorksheet on page     | e 14 of      |   |
| 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS   | 3. DSE                                     | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS                      | 3. DSE         | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE       |   |
|  |   |  |                  |  |                |                 |                       |              |   |
|  |   |  |                  |  |                |                 |                       |              |   |
|  |   |  |                  |  |                |                 |                       |              |   |
|  |   |  |                  |  |                |                 |                       |              |   |
|  |   |  |                  |  |                |                 | •<br>•                |              |   |
|  |   |  |                  |  |                |                 |                       | 0.00         |   |
|  |   | В  | LOCK C: CO       | MPUTATION OF                               | = 3.75 FEE     |                 |                       |              |   |
| Line 1: Enter the  | e total number of   | DSEs from                                  | part 5 of this   | schedule                                   |                |                 |                       | -            |   |
| Line 2: Enter the  | e sum of permitte   | ed DSEs fror                               | n block B ab     | ove  |                |                 |                       | -            |   |
| Line 3: Subtract<br>(If zero, I  |   |  |                  | r of DSEs subjec<br>7 of this schedu       |                | rate.           |                       | 0.00         |   |
| Line 4: Enter gro  | oss receipts from   | ı space K (p                               | age 7)           |  |                |                 | x 0.03                | 375          | Do any of the<br>DSEs represent               |
| Line 5: Multiply I   | ine 4 by 0.0375   | and enter su                               | ım here          |  |                |                 |                       |              | partially<br>permited/<br>partially           |
| Line 6: Enter tota   | al number of DS   | Es from line                               | 3                |  |                |                 | х                     | -            | nonpermitted<br>carriage?<br>If yes, see part |
|  | -   |  |                  |  |                |                 |                       |              | 9 instructions.                               |
| Line 7: Multiply I   | ine 6 by line 5 ai  | nd enter her                               | e and on line    | 2, block 3, spac                           | e L (page 7)   |                 | <u></u>               | 0.00         |   |

|                 |                       | BLOCK  | A: TELEVIS      | SION MARKET           | S (CONTIN | UED)            |                       |        |                     |
|-----------------|-----------------------|--------|-----------------|-----------------------|-----------|-----------------|-----------------------|--------|---------------------|
| 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS |           | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 6                   |
|                 |                       |        |                 |                       |           |                 |                       |        | Computat<br>3.75 Fe |
|                 |                       |        |                 |                       |           |                 |                       |        | 3.75 F              |
|                 |                       |        |                 |                       |           |                 | •                     |        |                     |
|                 |                       |        |                 |                       |           |                 | •                     |        |                     |
|                 |                       |        |                 |                       |           |                 |                       |        |                     |
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|                 |                       |        |                 |                       |           |                 | •                     |        |                     |
|                 |                       |        |                 |                       |           |                 |                       |        |                     |
|                 |                       |        |                 |                       |           |                 |                       |        |                     |
|                 |                       |        |                 |                       |           |                 |                       |        |                     |
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|                 |                       |        |                 |                       |           |                 |                       |        |                     |
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|                 |                       |        |                 |                       |           |                 | -                     |        |                     |
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|                 |                       |        |                 |                       |           |                 |                       |        |                     |
|                 |                       |        |                 |                       |           |                 |                       |        |                     |
|                 |                       |        |                 |                       |           |                 | •                     |        |                     |
|                 |                       |        |                 |                       |           |                 | -                     |        |                     |
|                 |                       |        |                 |                       |           |                 |                       |        |                     |
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|                 |                       |        |                 |                       |           |                 |                       |        |                     |
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|                 |                       |        |                 |                       |           |                 | •                     |        |                     |
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|                 |                       |        |                 |                       | ••••••    |                 |                       |        |                     |
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|                 |                       |        |                 |                       |           |                 |                       |        |                     |
|                 |                       |        |                 |                       | 1         |                 |                       |        | 1                   |
|                 |                       |        |                 |                       |           |                 |                       |        |                     |

| Name  | CABLE ONE, IN   | NER OF CABLE SYSTE   | M:   |                                     |   | SYSTEM ID#         |  |  |  |  |
|---|---|--|--|-------------------------------------|---|--------------------|--|--|--|--|
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | Computating<br>the DSE<br>cchedule for<br>PermittedColumn 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule<br>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 19<br>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)<br>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters<br>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.<br>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections |  |  |                                     |   |                    |  |  |  |  |
|   |   | PERMITTED DSE  | FOR STATIONS CARRI                           | ED ON A PART-TIME AN                | ND SUBSTITUTE BASIS   |                    |  |  |  |  |
|   | 1. CALL   | 2. PRIOR   | 3. ACCOUNTING                                | 4. BASIS OF                         | 5. PRESENT  | 6. PERMITTED       |  |  |  |  |
|   | SIGN  | DSE  | PERIOD                                       | CARRIAGE                            | DSE   | DSE                |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
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|   |   |  |  |                                     |   |                    |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
| 7<br>Computation  |   | "Yes," complete block  |  |                                     |   |                    |  |  |  |  |
| of the  | If your answer is   | "No," leave blocks B   | and C blank and complete                     | •                                   |   |                    |  |  |  |  |
| Syndicated<br>Exclusivity   |   |  | BLOCK A: MAJOR                               | TELEVISION MARK                     | El  |                    |  |  |  |  |
| Surcharge   | • Is any portion of the o   | -  | op 100 major television ma                   | rket as defned by section 7         |   | June 24, 1981?     |  |  |  |  |
|   | · · ·   |  |  |                                     | •   |                    |  |  |  |  |
|   | BLOCK B: C  | arriage of VHF/Grade   | B Contour Stations                           | BLOCK C: Computation of Exempt DSEs |   |                    |  |  |  |  |
|   | Is any station listed in<br>commercial VHF stati<br>or in part, over the ca   | n block B of part 6 the<br>ion that places a gradu<br>ible system? | primary stream of a<br>e B contour, in whole |                                     | I in block B of part 7 carri<br>ble system prior to March<br>3.159) |                    |  |  |  |  |
|   |   | atation below with its app<br>and proceed to part 8.               | ropriate permitted DSE                       |                                     | tation below with its appropr<br>ind proceed to part 8.             | iate permitted DSE |  |  |  |  |
|   | CALL SIGN   | DSE CA   | LL SIGN DSE                                  | CALL SIGN                           | DSE CALL SI   | GN DSE             |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
|   |   |  |  |                                     | ······  |                    |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
|   |   |  |  |                                     |   |                    |  |  |  |  |
|   |   | тот  | AL DSEs 0.00                                 |                                     | TOTAL D   | SEs 0.00           |  |  |  |  |

| DSE SCHEDULE. | PAGE15 |
|---------------|--------|
|---------------|--------|

| BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE           Beckint         Inner me anount of gross receipts from space K (page 7)         \$ 664,323.00           2         A         Enter the total number of exempt DSEs from block C of part 7.         0.00           2         Computation         0.00         0.00           2         Computation         0.00           2         Description         0.00           2         Description         0.00           3         Editor the total number of exempt DSEs from block C of part 7.         0.00           3         0.00         9         0.00           4         samp option of the automage computation. If zoo, proceed to part 3.         0.00           3         Section of the cable system retransmit the signals of any partially distinit fleevision stations during the accounting period?         1 <th1< th="">         1         1         <th< th=""><th>LEGAL NA</th><th>ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.</th><th>Name</th></th<></th1<>  | LEGAL NA | ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.  | Name       |
|---|----------|--|------------|
| 1       Init of the amount of uses receipts from space X (page 7)       • \$ 0.00         2       A Enter the table DSE from block B of part 7       • 0.00         2       B. Enter the table DSE from block C of part 7       • 0.00         3       Enter the table number of exempt DSEs from block C of part 7       • 0.00         4       D. Enter the table number of exempt DSEs from block C of part 7       • 0.00         5       Subtract line B from line A and enter here. This is the total number of DSEs       0.00         * Is any portion of the cable system within a tors 50 blocksion market as defined by the FCC?       () No-Comptos sector 1 block.         Sector       'Dd your cable system within a tors 50 blocksion market as defined by the FCC?       () No-Comptos sector 1 block.         Sector       'Dd your cable system within a tors 50 blocksion market as defined by the FCC?       () No-Comptos sector 1 block.         Sector       'Dd your cable system within a tors 50 block.       Sector 10.00       () No-Comptos blocks.         Sector       'Dd your cable system within a tors 50 block.       Sector 0.00       () No-Comptos blocks.         A Enter 0.00077 of gors receipts the amount in secton 11.       \$ \$       \$ \$         C. Subtract 1.000 of rom table permitted DSEs (in the gure on line C in secton 2) and enter here.       > \$ \$         D. Multiply line B by line C and enter here.       > \$ \$   |          | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |            |
| 2       A. Enter the bold DSEs from block B of part 7.  |          | Enter the amount of gross receipts from space K (page 7)   | 7          |
| B. Enter the total number of exempt DSEs from block C of part 7.  |          | A. Enter the total DSEs from block B of part 7   | -          |
| Societation in the section in the first and conclusion in the conclusion in the conclusion in the first and concl |          | B. Enter the total number of exempt DSEs from block C of part 7  | Syndicated |
| Section       Image: Section 3 below.       Image: Section 4 below.         Section       > Dd your cable system retransmit the signals of any partially distant television stations during the accounting period?         Section       Image: Section 2, line C is 4.000 or less, compute your surcharge here and leave section 3 below.         The figure in section 2, line C is 4.000 or less.       Obset of the sequence section 3 below.         Section       Image: Section 3 below.       Image: Section 3 below.         A. Enter 0.00599 of gross receipts (the amount in section 1)       Image: Section 3 below.       Image: Section 3 below.         D. Multiply line B by line C and enter here       Image: Section 3 below.       Image: Section 3 below.         Section       The figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3 belaw.         B. Enter 0.00599 of gross receipts (the amount in section 1)       Image: Section 3 belaw.         3.0       A. Enter 0.00599 of gross receipts (the amount in section 1)       Image: Section 3 belaw.         A. Enter 0.00599 of gross receipts (the amount in section 1)       Image: Section 3 belaw.       Image: Section 3 belaw.         A. Enter 0.00178 of gross receipts (the amount in section 1)       Image: Section 3 belaw.       Image: Section 3 belaw.         B. Enter 0.00178 of gross receipts (the amount in section 1)       Image: Section 3 belaw.       Image: Section 3 belaw.         B. E   |          | 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 | Surcharge  |
| Section<br>3a       • Did your cable system retransmit the signals of any partiality distant television stations during the accounting period?         Image: Section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE<br>is 1.0 or less, multiply the gross receipts (the amount in section 1)   | • Is an  |  |            |
| 36       Image: I   |          | SECTION 3: TOP 50 TELEVISION MARKET  |            |
| is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.         A. Enter 0.00377 of gross receipts (the amount in section 1)  |          |  |            |
| B. Enter 0.00377 of gross receipts (the amount in section 1) <ul> <li>Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here</li> <li>Multiply line B by line C and enter here</li> <li>A Multiply line B by line C and enter here</li> <li>Multiply line B by line C and enter here</li> <li>Section</li> <li>Syndicated Exclusivity Surcharge.</li> <li>Enter 0.00377 of gross receipts (the amount in section 1)</li> <li>Section</li> <li>B. Enter 0.00377 of gross receipts (the amount in section 1)</li> <li>Section 2)</li> <li>B. Enter 0.00377 of gross receipts (the amount in section 1)</li> <li>Section 2)</li> <li>C. Multiply line B by 3.000 and enter here</li> <li>Section 2)</li> <li>D. Enter 0.00377 of gross receipts (the amount in section 1)</li> <li>Section 2)</li> <li>E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here</li> <li>Section 2)</li> <li>E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here</li> <li>Section 4.4 doou from total DSEs (the figure on line C in section 2) and enter here</li> <li>Section 5.4 (and F. This is your surcharge.</li> <li>Enter here and on line 2 of block 4 in space L (page 7)</li> <li>Syndicated Exclusivity Surcharge</li> <li>Section 4.4 (and F. This is space section 2) and enter here</li> <li>Section 10 (and on line 2 of block 4 in space L (page 7)</li> <li>Syndicated Exclusivity Surcharge</li> <li>Section 4.5 (and F. This is checklik.</li> <li>Mo—Complete the applicable section below.</li> </ul> <li>If the figure in section 2, line C is 4.000 or less, compute you or surcharge</li>   |          |  |            |
| C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here  |          | A. Enter 0.00599 of gross receipts (the amount in section1)  |            |
| line C in section 2) and enter here   |          | B. Enter 0.00377 of gross receipts (the amount in section.1)   |            |
| 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.       •         30       •       •         30       If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.         A. Enter 0.00599 of gross receipts (the amount in section 1)       •         B. Enter 0.00377 of gross receipts (the amount in section 1)       •         C. Multiply line B by 3.000 and enter here       •         D. Enter 0.00178 of gross receipts (the amount in section 2) and enter here       •         F. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here       •         F. Multiply line D by line E and enter here.       •         Section       •       •         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       •         Exclusivity Surcharge       •         If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section Ab blank.       •         Section       Image: System retransmit the signals of any partially distant television stations during the acc  |          |  |            |
| E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |          |  |            |
| Enter here and on line 2 of block 4 in space L (page 7)         Syndicated Exclusivity Surcharge         3b         If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.         A. Enter 0.00599 of gross receipts (the amount in section 1)         B. Enter 0.00377 of gross receipts (the amount in section 1)         C. Multiply line B by 3.000 and enter here         D. Enter 0.00178 of gross receipts (the amount in section 1)         F. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here         F. Multiply line D by line E and enter here         Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here         F. Multiply line D by line E and enter here         Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here         F. Multiply line D by line E and enter here         Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here         F. Multiply line D by line E and enter here         Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here         Subtract 4.000 from total DSEs (the group on the counting the accounting period?         Subtract 4.000 from total period of any partially distant television stations during the accounting period?         Subtract 4.000 from total period of this schedule       No-Complete here and leave section below.         If the figure in sect  |          |  |            |
| 3b       In the lighter in section 12, third C is those than 4,000, Collipute your subcharge rise and leave section 3a brains.         A. Enter 0.00599 of gross receipts (the amount in section 1)   |          | Enter here and on line 2 of block 4 in space L (page 7)  |            |
| B. Enter 0.00377 of gross receipts (the amount in section 1)  |          | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.                                   |            |
| C. Multiply line B by 3.000 and enter here  |          | A. Enter 0.00599 of gross receipts (the amount in section 1)   |            |
| D. Enter 0.00178 of gross receipts (the amount in section 1)  |          | B. Enter 0.00377 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.<br>Enter here and on line 2 of block 4 in space L (page 7)         Syndicated Exclusivity Surcharge         Section<br>4a         Did your cable system retransmit the signals of any partially distant television stations during the accounting period?         If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE<br>is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.<br>A. Enter 0.00300 of gross receipts (the amount in section 1)         B. Enter 0.00189 of gross receipts (the amount in section 1)         C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)<br>and enter here         D. Multiply line B by line C and enter here         If. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)  |          | C. Multiply line B by 3.000 and enter here   |            |
| F. Multiply line D by line E and enter here       •.\$         G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)       •.         Syndicated Exclusivity Surcharge       •.         Section<br>4a       •.       •.         Did your cable system retransmit the signals of any partially distant television stations during the accounting period?       •.         Section<br>4a       If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section blow.       •.         If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.       •.         B. Enter 0.00189 of gross receipts (the amount in section 1)       •.       •.         C.Subtract 1.000 from total permitted DSEs (the figure on line C in section 2)<br>and enter here       •.       •.         D. Multiply line B by line C and enter here       •.       •.       •.         E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)       •.       •.   |          | D. Enter 0.00178 of gross receipts (the amount in section 1)   |            |
| G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |          | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  |            |
| Enter here and on line 2 of block 4 in space L (page 7)         Syndicated Exclusivity Surcharge         Image: SECTION 4: SECOND 50 TELEVISION MARKET         Section         4a         Did your cable system retransmit the signals of any partially distant television stations during the accounting period?         Image: Section         4a         If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.         A. Enter 0.00300 of gross receipts (the amount in section 1)           B. Enter 0.00189 of gross receipts (the amount in section 1)           C.Subtract 1.000 from total permitted DSEs (the fure 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)  |          | F. Multiply line D by line E and enter here  |            |
| Section<br>4a       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 4b blank. NOTE: If the DSE<br>is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.         A. Enter 0.00300 of gross receipts (the amount in section 1)       \$         B. Enter 0.00189 of gross receipts (the amount in section 1)       \$         C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)<br>and enter here       \$         D. Multiply line B by line C and enter here       \$         E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)       \$   |          | Enter here and on line 2 of block 4 in space L (page 7)  |            |
| Section<br>4a       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 4b blank. NOTE: If the DSE<br>is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.         A. Enter 0.00300 of gross receipts (the amount in section 1)       \$         B. Enter 0.00189 of gross receipts (the amount in section 1)       \$         C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)<br>and enter here       \$         D. Multiply line B by line C and enter here       \$         E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)       \$   |          | SECTION 4: SECOND 50 TELEVISION MARKET   |            |
| Section<br>4a       Image: 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 DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.         A. Enter 0.00300 of gross receipts (the amount in section 1)  |          |  |            |
| is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.<br>A. Enter 0.00300 of gross receipts (the amount in section 1)  |          |  |            |
| C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)<br>and enter here   |          | is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.   |            |
| C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)<br>and enter here   |          | B. Enter 0.00189 of gross receipts (the amount in section 1)   |            |
| E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)  |          | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  |            |
| Enter here and on line 2 of block 4 in space L (page 7)   |          | D. Multiply line B by line C and enter here  |            |
|   |          | Enter here and on line 2 of block 4 in space L (page 7)  |            |

## ACCOUNTING PERIOD: 2018/1

|  |   | DSE SCHEDULE. PAGE 16.   |
|--|---|--|
| Name   | LEGAL NAM   | ME OF OWNER OF CABLE SYSTEM: SYSTEM ID#  |
| Name   | (   | CABLE ONE, INC.  |
| 7  | Section<br>4b   | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.   |
| Computation                                    |   | A. Enter 0.00300 of gross receipts (the amount in section 1)   |
| of the<br>Syndicated                           |   | B. Enter 0.00189 of gross receipts (the amount in section 1)   |
| Exclusivity<br>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.<br>Enter here and on line 2, block 4, space L (page 7)<br>Syndicated Exclusivity Surcharge   |
|  |   | Syndicated Exclusivity Surcharge   |
| <b>8</b><br>Computation<br>of<br>Base Rate Fee | ctions:<br>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<br>checked "Yes," use the total number of DSEs from part 5.<br>bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.<br>ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.<br>ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below<br>to<br>is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers<br>bocated within that station's local service area and others were located outside that area. For the definition of a station's "local<br>e area," see page (v) of the general instructions. |  |
|  |   | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |
|  | • Did v   | our cable system retransmit the signals of any partially distant television stations during the accounting period?   |
|  |   | X       Yes—Complete part 9 of this schedule.  |
|  |   | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |
|  | Section   |  |
|  | 1   | Enter the amount of gross receipts from space K (page 7)   |
|  | Section<br>2  | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes,"<br>use the total number of DSEs from part 5.)  |
|  | Section   |  |
|  | 3   | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.<br>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<br>and in block 3, line 1, space L (page 7)  |
|  |   | Base Rate Fee  |

## DSE SCHEDULE. PAGE 17.

| LEGAL N         | AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#  |                            |
|-----------------|---|----------------------------|
| CABL            | E ONE, INC.   | Name                       |
| Section         | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.   |                            |
| 4               |   | 8                          |
|                 | A. Enter 0.01064 of gross receipts (the amount in section 1)►\$   | U                          |
|                 |   |                            |
|                 | B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$   | Computation<br>of          |
|                 |   | Base Rate Fee              |
|                 | C. Multiply line B by 3.000 and enter here►   |                            |
|                 | D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$   |                            |
|                 |   |                            |
|                 | E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here  |                            |
|                 |   |                            |
|                 | F. Multiply line D by line E and enter here   |                            |
|                 | G. Add lines A, C, and F. This is your base rate fee.<br>Enter here and in block 3, line 1, space L (page 7)  |                            |
|                 | Base Rate Fee \$ 0.00   |                            |
|                 |   |                            |
|                 | <b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in      | 9                          |
| Space           |   | -                          |
|                 | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this | Computation<br>of          |
| exclusi         | on, you must:   | Base Rate Fee              |
|                 | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same   | and<br>Syndicated          |
|                 | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.          | Exclusivity                |
| -               | : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  | Surcharge<br>for           |
|                 | If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However,         | Partially<br>Distant       |
|                 | cable system is wholly located outside all major television markets, complete block A only.   | Stations, and              |
|                 | Identify a Subscriber Group for Partially Distant Stations  | for Partially<br>Permitted |
|                 | : For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.  | Stations                   |
| •               | For each wholly distant and each partially distant station you carried, determine which of your subscribers were located  |                            |
|                 | the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)   |                            |
|                 | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each  |                            |
|                 | ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.                               |                            |
| Comp            | Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber   |                            |
| groups          |   |                            |
|                 | i section:<br>fy the communities/areas represented by each subscriber group.  |                            |
| • Give          | he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the  |                            |
| subscr<br>• If: | bers in the group.  |                            |
|                 | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,  |                            |
|                 | of this schedule; or,<br>portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,   |                            |
|                 | 6 of this schedule.   |                            |
| • Add t         | 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 instructions<br>paper SA3 form.   |                            |
|                 | ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding  |                            |
|                 | In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your       |                            |
|                 | calculations on the form.   |                            |

| Nerre | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM   |
|-------|---|
| Name  | CABLE ONE, INC.   |
|       | Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals   |
|       | Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and   |
|       | partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these   |
|       | subscriber groups may be partially distant.   |
|       | Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant  |
|       | signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by  |
|       | .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported   |
|       | for each part 9 used in steps 1 and 2 must equal the amount reported in space K.  |
|       | Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant  |
|       | signals from step 1 that is subject to this surcharge.  |
|       | Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams           Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from |
|       | a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate   |
|       | and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.  |
|       | You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement  |
|       | entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary  |
|       | transmitter or an association representing the primary transmitter.   |
|       |   |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC.   | R OF CABL | E SYSTEM:       |                      |                         |          | SY               | STEM ID# | Name                      |
|---|-----------|-----------------|----------------------|-------------------------|----------|------------------|----------|---------------------------|
| BL  |           |                 |                      | TE FEES FOR EACH        |          |                  |          |                           |
|   | FIRST     | SUBSCRIBER GROU |                      |                         | SECOND   | SUBSCRIBER GROUP |          | 9                         |
| COMMUNITY/ AREA   |           |                 | 0                    | COMMUNITY/ AREA         |          |                  |          |                           |
| CALL SIGN   | DSE       | CALL SIGN       | DSE                  | CALL SIGN               | DSE      | CALL SIGN        | DSE      | Computation<br>of         |
|   |           |                 |                      |                         |          |                  |          | Base Rate Fee             |
|   |           |                 |                      |                         |          |                  |          | and                       |
|   |           |                 |                      |                         |          |                  |          | Syndicated<br>Exclusivity |
|   |           |                 |                      |                         |          |                  |          | Surcharge                 |
|   |           |                 |                      |                         |          |                  |          | for                       |
|   |           |                 |                      |                         |          |                  |          | Partially                 |
|   |           |                 |                      |                         |          |                  |          | Distant                   |
|   |           |                 |                      |                         |          |                  |          | Stations                  |
|   |           |                 |                      |                         |          |                  |          |                           |
|   |           |                 |                      |                         |          | _                |          |                           |
|   |           |                 |                      |                         |          | _                |          |                           |
|   |           |                 |                      |                         |          |                  |          |                           |
|   |           |                 |                      |                         |          |                  |          |                           |
| Total DSEs  |           |                 | 0.00                 | Total DSEs              |          |                  | 0.00     |                           |
| Gross Receipts First Gr   | oup       | \$              | 0.00                 | Gross Receipts Secon    | d Group  | <u>\$ 0.00</u>   |          |                           |
| Base Rate Fee First Gr  | oup       | \$              | 0.00                 | Base Rate Fee Secon     | d Group  | \$               | 0.00     |                           |
|   | THIRD     | SUBSCRIBER GROU | P                    | FOURTH SUBSCRIBER GROUP |          |                  |          |                           |
| COMMUNITY/ AREA   |           |                 | 0                    | COMMUNITY/ AREA0        |          |                  |          |                           |
| CALL SIGN   | DSE       | CALL SIGN       | DSE                  | CALL SIGN               | DSE      | CALL SIGN        | DSE      |                           |
|   |           |                 |                      |                         |          |                  |          |                           |
|   |           |                 |                      |                         |          |                  |          |                           |
|   |           |                 |                      |                         |          |                  |          |                           |
|   |           |                 |                      |                         |          |                  |          |                           |
|   |           |                 |                      |                         |          |                  |          |                           |
|   |           |                 |                      |                         |          |                  |          |                           |
|   |           |                 |                      |                         |          | _                |          |                           |
|   |           |                 |                      |                         |          |                  |          |                           |
|   |           |                 |                      |                         |          |                  |          |                           |
|   |           |                 |                      |                         |          |                  |          |                           |
|   |           |                 |                      |                         | <b>.</b> |                  |          |                           |
|   |           |                 |                      |                         | <b>+</b> |                  |          |                           |
| Total DSEs  |           |                 | 0.00                 |                         |          |                  | 0.00     |                           |
|   |           |                 | Total DSEs           |                         |          |                  |          |                           |
| Gross Receipts Third G  | roup      | <u>\$</u>       | 0.00                 | Gross Receipts Fourth   | Group    | \$               | 0.00     |                           |
| Base Rate Fee Third Group \$ 0.00   |           | 0.00            | Base Rate Fee Fourth | Group                   | \$       | 0.00             |          |                           |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) \$ 0.00 |           |                 |                      |                         |          |                  |          |                           |

| FORM SA3E. F | PAGE | 19 |
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| LEGAL NAME OF OWNE<br>CABLE ONE, INC.          | R OF CAB | E SYSTEM:       |                                     |                                     |        | SY                             | STEM ID# | Name                     |
|--|----------|-----------------|-------------------------------------|-------------------------------------|--------|--------------------------------|----------|--------------------------|
| BL   |          |                 |                                     | TE FEES FOR EACH                    |        | IBER GROUP<br>SUBSCRIBER GROUI |          |                          |
|  | FIFTH    | 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<br>Surcharge |
|  |          |                 |                                     |                                     |        |                                |          | for                      |
|  |          |                 |                                     |                                     |        |                                |          | Partially                |
|  |          |                 |                                     |                                     |        |                                |          | Distant                  |
|  |          |                 |                                     |                                     |        |                                |          | Stations                 |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
| Total DSEs                                     | ļ        |                 | 0.00                                | Total DSEs                          |        |                                | 0.00     |                          |
| Gross Receipts First Gr                        | oup      | \$              | 0.00                                | Gross Receipts Second Group \$ 0.00 |        |                                |          |                          |
|  | oup      | •<br>           |                                     |                                     |        | ÷                              |          |                          |
| Base Rate Fee First Gr                         |          | \$              | 0.00                                | Base Rate Fee Secon                 |        | \$                             | 0.00     |                          |
|  | EVENTH   | SUBSCRIBER GROU |                                     |                                     |        |                                |          |                          |
| COMMUNITY/ AREA                                |          |                 | 0                                   | COMMUNITY/ AREA 0                   |        |                                |          |                          |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE                                 | CALL SIGN                           | DSE    | CALL SIGN                      | DSE      |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
|  |          |                 |                                     |                                     |        |                                |          |                          |
| Total DSEs                                     |          |                 | 0.00                                | Total DSEs                          |        | _                              | 0.00     |                          |
| Gross Receipts Third Group \$ 0.00             |          | 0.00            | Gross Receipts Fourth Group \$ 0.00 |                                     |        | 0.00                           |          |                          |
| Base Rate Fee Third G                          | roup     | \$              | 0.00                                | Base Rate Fee Fourth                | Group  | \$                             | 0.00     |                          |
|  |          |                 |                                     | 11                                  |        |                                |          |                          |
| Base Rate Fee: Add the Enter here and in block |          |                 | riber group                         | as shown in the boxes a             | above. | \$                             |          |                          |

| FORM SA3E. F | PAGE | 19. |
|--------------|------|-----|
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |        |                 |             |                         |         |                  |      | Name                     |
|---|--------|-----------------|-------------|-------------------------|---------|------------------|------|--------------------------|
| BL  |        |                 |             | TE FEES FOR EACH        |         |                  |      |                          |
|   | NINTH  | SUBSCRIBER GROU |             |                         | TENTH   | 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 Fee            |
|   |        |                 |             |                         |         | -                |      | and                      |
|   |        |                 |             |                         |         |                  |      | Syndicated               |
|   |        |                 |             |                         |         |                  |      | Exclusivity<br>Surcharge |
|   |        |                 |             |                         |         |                  |      | for                      |
|   |        | -               |             |                         |         |                  |      | Partially                |
|   |        |                 |             |                         |         |                  |      | Distant                  |
|   |        |                 |             |                         |         |                  |      | Stations                 |
|   |        |                 |             |                         |         |                  |      |                          |
|   |        |                 |             |                         |         |                  |      |                          |
|   |        |                 |             |                         |         |                  |      |                          |
|   |        |                 |             |                         |         |                  |      |                          |
|   |        |                 |             |                         |         |                  |      |                          |
| 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  |        | \$              | 0.00        | Base Rate Fee Secon     |         | \$               | 0.00 |                          |
| EL  | EVENTH | SUBSCRIBER GROU | JP          |                         | TWELVTH | SUBSCRIBER GROUP | C    |                          |
| COMMUNITY/ AREA   |        |                 | 0           | COMMUNITY/ AREA         |         |                  | 0    |                          |
| CALL SIGN   | DSE    | CALL SIGN       | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE  |                          |
|   |        |                 |             |                         |         |                  |      |                          |
|   |        |                 |             |                         |         |                  |      |                          |
|   |        |                 |             |                         |         |                  |      |                          |
|   |        |                 |             |                         |         |                  |      |                          |
|   |        |                 |             |                         |         |                  |      |                          |
|   |        |                 |             |                         |         |                  |      |                          |
|   |        |                 |             |                         |         |                  |      |                          |
|   |        | -               |             |                         |         |                  |      |                          |
|   |        | -               |             |                         |         |                  |      |                          |
|   |        |                 |             |                         |         | -                |      |                          |
|   |        |                 |             |                         |         |                  |      |                          |
|   |        |                 |             |                         |         |                  |      |                          |
| Total DSEs  | 1      |                 | 0.00        | Total DSEs              | 1       |                  | 0.00 |                          |
| Gross Receipts Third G  | roup   | \$              | 0.00        | Gross Receipts Fourth   | Group   | \$               | 0.00 |                          |
|   |        | ·               |             |                         | 2.000   | - <u>-</u>       |      |                          |
| Base Rate Fee Third G   | roup   | \$              | 0.00        | Base Rate Fee Fourth    | Group   | \$               | 0.00 |                          |
|   |        |                 |             |                         |         |                  |      |                          |
| Base Rate Fee: Add the<br>Enter here and in block               |        |                 | riber group | as shown in the boxes a | above.  | \$               |      |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |        |                 |             |                         |         |                  |      | Name                 |  |  |
|---|--------|-----------------|-------------|-------------------------|---------|------------------|------|----------------------|--|--|
|   |        |                 |             | TE FEES FOR EACH        |         |                  |      |                      |  |  |
|   | TEENTH | SUBSCRIBER GROU |             |                         | RTEENTH | 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 Fee        |  |  |
|   |        |                 |             |                         |         |                  |      | and<br>Syndicated    |  |  |
|   |        |                 |             |                         |         |                  |      | Exclusivity          |  |  |
|   |        |                 |             |                         |         |                  |      | Surcharge            |  |  |
|   |        |                 |             |                         |         |                  |      | for                  |  |  |
|   |        |                 |             |                         |         |                  |      | Partially<br>Distant |  |  |
|   |        |                 |             |                         |         |                  |      | Stations             |  |  |
|   |        | -               |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         | _                |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
| Total DSEs  | II     |                 | 0.00        | Total DSEs              | ļ       |                  | 0.00 |                      |  |  |
| Gross Receipts First Gr   | nun    | \$              | 0.00        | Gross Receipts Second   | d Group | \$               | 0.00 |                      |  |  |
|   | oup    | -<br>Ф          | 0.00        | Gross Receipts Secon    | u Group | φ                | 0.00 |                      |  |  |
| Base Rate Fee First Gr  | oup    | \$              | 0.00        | Base Rate Fee Second    | d Group | \$               | 0.00 |                      |  |  |
| FIF   | TEENTH | SUBSCRIBER GROU | IP          | SI                      | XTEENTH | SUBSCRIBER GROUP | þ    |                      |  |  |
| COMMUNITY/ AREA   |        |                 | 0           | COMMUNITY/ AREA         |         |                  | 0    | <br><br>             |  |  |
| CALL SIGN   | DSE    | CALL SIGN       | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE  |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         | _                |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
|   |        |                 |             |                         |         |                  |      |                      |  |  |
| 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 | bove.   | \$               |      |                      |  |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC. | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                      |            |                         |          |                  |          |                      |
|--|---|----------------------|------------|-------------------------|----------|------------------|----------|----------------------|
|  |   |                      |            | TE FEES FOR EACH        |          |                  |          |                      |
|  | TEENTH  | SUBSCRIBER GROU      |            |                         | HTEENTH  | 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 Fee<br>and |
|  |   |                      |            |                         |          |                  |          | Syndicated           |
|  |   |                      |            |                         |          |                  |          | Exclusivity          |
|  |   |                      |            |                         |          | _                |          | Surcharge<br>for     |
|  |   |                      |            |                         |          |                  | <b>.</b> | Partially            |
|  |   |                      |            |                         |          |                  |          | Distant              |
|  |   |                      |            |                         |          | -                |          | Stations             |
|  |   |                      |            |                         |          |                  |          |                      |
|  |   |                      |            |                         |          |                  |          |                      |
|  |   |                      |            |                         |          |                  |          |                      |
|  |   |                      |            |                         |          |                  |          |                      |
| Total DSEs                             | LI  | ļ                    | 0.00       | Total DSEs              | Į        |                  | 0.00     |                      |
| Gross Receipts First Gr                | oup   | \$                   | 0.00       | Gross Receipts Second   | d Group  | \$               | 0.00     |                      |
|  |   |                      |            |                         |          |                  |          |                      |
| Base Rate Fee First Gr                 |   | \$                   | 0.00       | Base Rate Fee Second    |          | \$               | 0.00     |                      |
|  | TEENTH  | SUBSCRIBER GROU      |            |                         | VENTIETH | SUBSCRIBER GROUP | -        |                      |
| COMMUNITY/ AREA                        |   |                      | 0          | COMMUNITY/ AREA         |          |                  | U        |                      |
| CALL SIGN                              | DSE   | CALL SIGN            | DSE        | CALL SIGN               | DSE      | CALL SIGN        | DSE      |                      |
|  |   |                      |            |                         |          |                  |          |                      |
|  |   |                      |            |                         |          |                  |          |                      |
|  |   |                      |            |                         |          | -                |          |                      |
|  |   |                      |            |                         |          |                  |          |                      |
|  |   |                      |            |                         |          |                  |          |                      |
|  |   | ]                    |            |                         |          | -                |          |                      |
|  |   |                      |            |                         |          |                  |          |                      |
|  |   |                      |            |                         |          |                  |          |                      |
|  |   |                      |            |                         |          | -                |          |                      |
|  |   |                      |            |                         |          |                  |          |                      |
|  |   |                      |            |                         |          |                  |          |                      |
| 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     |                      |
| Dees Data Service Add. 1               | . h   | - food for costs and | ih en com  | an altantia that have   | have     |                  |          |                      |
| Enter here and in block                |   |                      | nber group | as shown in the boxes a | ibove.   | \$               |          |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |            |                       |             |                         |          |                        |      | Name  |
|---|------------|-----------------------|-------------|-------------------------|----------|------------------------|------|---|
|   |            |                       |             | TE FEES FOR EACH        |          |                        |      |   |
|   | Y-FIRST    | SUBSCRIBER GROU       |             |                         | -SECOND  | SUBSCRIBER GROUP       |      | 9   |
| COMMUNITY/ AREA   |            |                       | 0           | COMMUNITY/ AREA         |          |                        | 0    | Computation   |
| CALL SIGN   | DSE        | CALL SIGN             | DSE         | CALL SIGN               | DSE      | CALL SIGN              | DSE  | of<br>Dece Data Fac   |
|   |            |                       |             |                         |          |                        |      | Base Rate Fee<br>and  |
|   |            |                       |             |                         |          |                        |      | Syndicated  |
|   |            |                       |             |                         |          |                        |      | Exclusivity   |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          |                        |      | Distant   |
|   |            |                       |             |                         |          |                        |      | Stations  |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          |                        |      |   |
| Total DSEs  | II         |                       | 0.00        | Total DSEs              | Į        |                        | 0.00 |   |
| Gross Receipts First Gr   | oup        | \$                    | 0.00        | Gross Receipts Secon    | d Group  | \$                     | 0.00 |   |
| Base Rate Fee First Group \$ 0.00                               |            |                       | 0.00        | Page Bate Fee Second    | d Croup  | •                      | 0.00 |   |
|   |            | SUBSCRIBER GROU       |             | Base Rate Fee Second    |          | \$<br>SUBSCRIBER GROUF | 1    |   |
| COMMUNITY/ AREA   |            | SUBSCRIBER GROU       | 0           | COMMUNITY/ AREA         | -FOORTH  | SUBSCRIBER GROUP       | 0    | Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|   |            |                       | · · · · · · |                         |          |                        |      |   |
| CALL SIGN   | DSE        | CALL SIGN             | DSE         | CALL SIGN               | DSE      | CALL SIGN              | DSE  |   |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          | -                      |      |   |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          | -                      |      |   |
|   |            |                       |             |                         |          |                        |      |   |
|   |            |                       |             |                         |          |                        |      |   |
| Total DSEs  | <u> </u>   |                       | 0.00        | Total DSEs              | 1        |                        | 0.00 |   |
| Gross Receipts Third G  | roup       | \$                    | 0.00        | Gross Receipts Fourth   | Group    | \$                     | 0.00 |   |
|   |            | ·                     |             |                         | <b>r</b> | ·                      |      |   |
| Base Rate Fee Third G   | roup       | \$                    | 0.00        | Base Rate Fee Fourth    | Group    | \$                     | 0.00 |   |
| Base Rate Fee: Add the  | e base rat | e fees for each subsc | riber aroup | as shown in the boxes a | bove.    |                        |      |   |
| Enter here and in block   |            |                       | U F         |                         |          | \$                     |      |   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |          |                 |             |                         |           |                  | Name |                      |
|---|----------|-----------------|-------------|-------------------------|-----------|------------------|------|----------------------|
|   |          |                 |             | TE FEES FOR EACH        |           |                  |      |                      |
|   | Y-FIFTH  | SUBSCRIBER GROU |             |                         | ITY-SIXTH | 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 Fee<br>and |
|   | •••••    |                 |             |                         |           | -                |      | Syndicated           |
|   |          |                 |             |                         |           |                  |      | Exclusivity          |
|   |          |                 |             |                         |           | -                |      | Surcharge            |
|   |          |                 |             |                         |           |                  |      | for<br>Partially     |
|   |          |                 |             |                         |           |                  |      | Distant              |
|   |          |                 |             |                         |           | -                |      | Stations             |
|   |          |                 |             |                         |           | _                |      |                      |
|   |          |                 |             |                         |           |                  |      |                      |
|   |          |                 |             |                         |           |                  |      |                      |
|   |          |                 |             |                         |           |                  |      |                      |
|   | <u> </u> |                 | 0.00        |                         |           |                  | 0.00 |                      |
| Total DSEs  |          |                 | 0.00        | Total DSEs              |           |                  |      |                      |
| Gross Receipts First Gr   | oup      | \$              | 0.00        | Gross Receipts Second   | d Group   | \$               | 0.00 |                      |
| Base Rate Fee First Gr  |          | \$              | 0.00        | Base Rate Fee Second    |           | \$               | 0.00 |                      |
|   | EVENTH   | SUBSCRIBER GROL |             | ii                      | Y-EIGHTH  | SUBSCRIBER GROUP | -    | Distant              |
| COMMUNITY/ AREA   |          |                 | 0           | COMMUNITY/ AREA         |           |                  | 0    |                      |
| CALL SIGN   | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  |                      |
|   |          |                 |             |                         |           | _                |      |                      |
|   |          |                 |             |                         |           |                  |      |                      |
|   |          |                 |             |                         |           |                  |      |                      |
|   |          |                 |             |                         |           |                  |      |                      |
|   |          |                 |             |                         |           |                  |      |                      |
|   |          |                 |             |                         |           |                  |      |                      |
|   |          |                 |             |                         |           |                  |      |                      |
|   |          |                 |             |                         |           | -                |      |                      |
|   |          |                 |             |                         |           |                  |      |                      |
|   |          |                 |             |                         |           |                  |      |                      |
|   |          |                 |             |                         |           |                  |      |                      |
| Total DSEs  | <u> </u> |                 | 0.00        | Total DSEs              | I         |                  | 0.00 |                      |
|   |          |                 |             |                         | Croup     | <u> </u>         |      |                      |
| Gross Receipts Third G  | ioup     | <u>\$</u>       | 0.00        | Gross Receipts Fourth   | Group     | <u>\$</u>        | 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 | idove.    | \$               |      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |         |                 |             |                         |          |                  |          | Name                 |
|---|---------|-----------------|-------------|-------------------------|----------|------------------|----------|----------------------|
|   |         |                 |             | TE FEES FOR EACH        |          |                  |          |                      |
|   | Y-NINTH | SUBSCRIBER GROU | IP<br>0     |                         | HIRTIETH | SUBSCRIBER GROUP | ⊃<br>0   | 9                    |
| COMMUNITY/ AREA   |         |                 | U           | COMMUNITY/ AREA         |          |                  |          | Computation          |
| CALL SIGN   | DSE     | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE      | of                   |
|   |         |                 |             |                         |          |                  |          | Base Rate Fee        |
|   |         |                 |             |                         |          |                  |          | and<br>Syndicated    |
|   |         |                 |             |                         |          |                  |          | Exclusivity          |
|   |         |                 |             |                         |          |                  |          | Surcharge            |
|   |         |                 |             |                         |          |                  |          | for                  |
|   |         |                 |             |                         |          |                  |          | Partially<br>Distant |
|   | •••••   |                 |             |                         |          | -                |          | Stations             |
|   |         |                 |             |                         |          | -                |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
| Total DSEs  |         |                 | 0.00        | Total DSEs              |          |                  | 0.00     |                      |
| Gross Receipts First Gr   | oup     | \$              | 0.00        | Gross Receipts Second   | d Group  | \$               | 0.00     |                      |
|   |         |                 |             |                         |          |                  |          |                      |
| Base Rate Fee First Gr  |         | \$              | 0.00        | Base Rate Fee Second    |          | \$               | 0.00     |                      |
| COMMUNITY/ AREA   | Y-FIRST | SUBSCRIBER GROU | 0<br>0      | COMMUNITY/ AREA         | -SECOND  | SUBSCRIBER GROUP | <u> </u> |                      |
| COMMONT T/ AREA   |         |                 | 0           | COMMUNITY AREA          |          |                  | <u> </u> |                      |
| CALL SIGN   | DSE     | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE      |                      |
|   |         |                 |             |                         |          | _                |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
|   |         | _               |             |                         |          |                  |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
|   |         |                 |             |                         |          | _                |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
|   |         |                 |             |                         |          |                  |          |                      |
| 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 | bove.    | \$               |          |                      |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC. | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                       |                |                         |          |                  |          |                      |
|--|---|-----------------------|----------------|-------------------------|----------|------------------|----------|----------------------|
|  |   |                       |                | TE FEES FOR EACH        |          |                  |          |                      |
|  | Y-THIRD   | SUBSCRIBER GROU       |                |                         | -FOURTH  | SUBSCRIBER GROUP |          | 9                    |
| COMMUNITY/ AREA                        |   |                       | 0              | COMMUNITY/ AREA         |          |                  | 0        | Computation          |
| CALL SIGN                              | DSE   | CALL SIGN             | DSE            | CALL SIGN               | DSE      | CALL SIGN        | DSE      | of<br>Dece Data Fee  |
|  |   |                       |                |                         |          |                  |          | Base Rate Fee<br>and |
|  |   | _                     |                |                         |          | -                |          | Syndicated           |
|  |   |                       |                |                         |          |                  |          | Exclusivity          |
|  |   |                       |                |                         |          | _                |          | Surcharge<br>for     |
|  |   |                       |                |                         |          |                  | <b>.</b> | Partially            |
|  |   |                       |                |                         |          |                  |          | Distant              |
|  |   |                       |                |                         |          | -                |          | Stations             |
|  |   |                       |                |                         |          |                  |          |                      |
|  |   |                       |                |                         |          |                  |          |                      |
|  |   |                       |                |                         |          |                  |          |                      |
|  |   |                       |                |                         |          |                  |          |                      |
| Total DSEs                             | <u> </u>  |                       | 0.00           | Total DSEs              | Į        | 1                | 0.00     |                      |
| Gross Receipts First Gr                | oup   | \$                    | 0.00           | Gross Receipts Second   | d Group  | \$               | 0.00     |                      |
|  |   |                       |                |                         |          |                  |          |                      |
| Base Rate Fee First Gr                 |   | \$                    | 0.00           | Base Rate Fee Second    |          | \$               | 0.00     |                      |
| COMMUNITY/ AREA                        | Y-FIFIH   | SUBSCRIBER GROL       | <u>مر</u><br>0 | COMMUNITY/ AREA         | IY-SIXTH | SUBSCRIBER GROUP | <u> </u> |                      |
|  |   |                       |                |                         |          |                  |          |                      |
| CALL SIGN                              | DSE   | CALL SIGN             | DSE            | CALL SIGN               | DSE      | CALL SIGN        | DSE      |                      |
|  |   |                       |                |                         |          |                  |          |                      |
|  |   |                       |                |                         |          |                  |          |                      |
|  |   |                       |                |                         |          | _                |          |                      |
|  |   |                       |                |                         |          |                  |          |                      |
|  |   |                       |                |                         |          |                  |          |                      |
|  |   |                       |                |                         |          |                  |          |                      |
|  |   |                       |                |                         |          | -                |          |                      |
|  |   |                       |                |                         |          |                  |          |                      |
|  |   |                       |                |                         |          |                  |          |                      |
|  |   |                       |                |                         |          | -                |          |                      |
|  |   |                       |                |                         |          |                  |          |                      |
|  |   |                       | 0.00           |                         | I        |                  | 0.00     |                      |
| Total DSEs                             |   |                       | 0.00           | Total DSEs              |          |                  | 0.00     |                      |
| Gross Receipts Third G                 | roup  | <u>\$</u>             | 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                 | - hase rat  | e fees for each subsc | riber aroup    | as shown in the boxes a | bove     |                  |          |                      |
| Enter here and in block                |   |                       |                |                         |          | \$               |          |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |          |                       |             |                          |          |                                       |            | Name                 |  |
|---|----------|-----------------------|-------------|--------------------------|----------|---------------------------------------|------------|----------------------|--|
|   |          |                       |             | TE FEES FOR EACH         |          |                                       |            |                      |  |
|   | EVENTH   | SUBSCRIBER GROU       |             |                          | Y-EIGHTH | SUBSCRIBER GROUP                      |            | 9                    |  |
| COMMUNITY/ AREA   |          |                       | 0           | COMMUNITY/ AREA          |          |                                       | 0          | Computation          |  |
| CALL SIGN   | DSE      | CALL SIGN             | DSE         | CALL SIGN                | DSE      | CALL SIGN                             | DSE        | of<br>Dece Data Fee  |  |
|   |          |                       |             |                          |          |                                       |            | Base Rate Fee<br>and |  |
|   |          | _                     |             |                          |          |                                       |            | Syndicated           |  |
|   |          |                       |             |                          |          |                                       |            | Exclusivity          |  |
|   |          |                       |             |                          |          |                                       |            | Surcharge            |  |
|   |          |                       |             |                          |          |                                       |            | for<br>Partially     |  |
|   |          |                       |             |                          |          |                                       |            | Distant              |  |
|   |          |                       |             |                          |          |                                       |            | Stations             |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
|   |          | -                     |             |                          |          | -                                     |            |                      |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
| Total DSEs  | <u> </u> |                       | 0.00        | Total DSEs               | <u> </u> |                                       | 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 Second     |          | \$                                    | 0.00       |                      |  |
|   | Y-NINTH  | SUBSCRIBER GROU       |             | ii                       | ORTIETH  | SUBSCRIBER GROUP                      | -          |                      |  |
| COMMUNITY/ AREA   |          |                       | 0           | COMMUNITY/ AREA          |          |                                       | IBER GROUP |                      |  |
| CALL SIGN   | DSE      | CALL SIGN             | DSE         | CALL SIGN                | DSE      | CALL SIGN                             | DSE        |                      |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
|   |          |                       |             |                          |          | _                                     |            |                      |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
|   |          |                       |             |                          |          |                                       |            |                      |  |
| Total DSEs  | <u> </u> |                       | 0.00        | Total DSEs               | 1        |                                       | 0.00       |                      |  |
| Gross Receipts Third G  | roup     | \$                    | 0.00        | Gross Receipts Fourth    | Group    | \$                                    | 0.00       |                      |  |
|   | · · 1    | ·                     |             |                          | · ·      | · · · · · · · · · · · · · · · · · · · |            |                      |  |
| Base Rate Fee Third G   | roup     | \$                    | 0.00        | Base Rate Fee Fourth     | Group    | \$                                    | 0.00       |                      |  |
| Base Rate Fee: Add the  | hase ret | a face for each subse | riber group | as shown in the boxes of | bove     |                                       |            |                      |  |
| Enter here and in block   |          |                       | iller group |                          |          | \$                                    |            |                      |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC. | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                       |             |                         |         |                  |          |                      |
|--|---|-----------------------|-------------|-------------------------|---------|------------------|----------|----------------------|
|  |   |                       |             | TE FEES FOR EACH        |         |                  |          |                      |
|  | Y-FIRST   | SUBSCRIBER GROU       |             |                         | -SECOND | SUBSCRIBER GROUP |          | 9                    |
| COMMUNITY/ AREA                        |   |                       | 0           | COMMUNITY/ AREA         |         |                  | 0        | Computation          |
| CALL SIGN                              | DSE   | CALL SIGN             | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE      | of<br>Dece Data Fee  |
|  |   |                       |             |                         |         |                  |          | Base Rate Fee<br>and |
|  |   | _                     |             |                         |         | -                |          | Syndicated           |
|  |   |                       |             |                         |         |                  |          | Exclusivity          |
|  |   |                       |             |                         |         | _                |          | Surcharge<br>for     |
|  |   |                       |             |                         |         |                  | ·····    | Partially            |
|  |   |                       |             |                         |         |                  |          | Distant              |
|  |   |                       |             |                         |         | -                |          | Stations             |
|  |   |                       |             |                         |         |                  |          |                      |
|  |   |                       |             |                         |         |                  |          |                      |
|  |   |                       |             |                         |         |                  |          |                      |
|  |   |                       |             |                         |         |                  |          |                      |
| Total DSEs                             | <u> </u>  |                       | 0.00        | Total DSEs              | Į       | <u> </u>         | 0.00     |                      |
| Gross Receipts First Gr                | oup   | \$                    | 0.00        | Gross Receipts Second   | d Group | \$               | 0.00     |                      |
|  |   |                       |             |                         |         |                  |          |                      |
| Base Rate Fee First Gr                 |   | \$                    | 0.00        | Base Rate Fee Second    |         | \$               | 0.00     |                      |
| FOR I<br>COMMUNITY/ AREA               | Y-THIRD   | SUBSCRIBER GROL       | 0<br>0      | COMMUNITY/ AREA         | -FOURTH | SUBSCRIBER GROUP | <u> </u> |                      |
|  |   |                       |             |                         |         |                  |          |                      |
| CALL SIGN                              | DSE   | CALL SIGN             | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE      |                      |
|  |   |                       |             |                         |         |                  |          |                      |
|  |   |                       |             |                         |         |                  |          |                      |
|  |   |                       |             |                         |         | _                |          |                      |
|  |   |                       |             |                         |         |                  |          |                      |
|  |   |                       |             |                         |         |                  |          |                      |
|  |   |                       |             |                         |         |                  |          |                      |
|  |   |                       |             |                         |         | -                |          |                      |
|  |   |                       |             |                         |         |                  |          |                      |
|  |   |                       |             |                         |         |                  |          |                      |
|  |   |                       |             |                         |         | -                |          |                      |
|  |   |                       |             |                         |         |                  |          |                      |
|  |   |                       |             |                         |         |                  |          |                      |
| 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                 | haen rot  | a face for each subse | riber group | as shown in the bayes a | bove    |                  |          |                      |
| Enter here and in block                |   |                       | iller group | as shown in the DOVES 6 |         | \$               |          |                      |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC. | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                       |                |                         |          |                  |       | Name                                    |
|--|---|-----------------------|----------------|-------------------------|----------|------------------|-------|---|
|  |   |                       |                | TE FEES FOR EACH        |          |                  |       |   |
|  | Y-FIFTH   | SUBSCRIBER GROU       |                | H                       | TY-SIXTH | SUBSCRIBER GROUP |       | 9                                       |
| COMMUNITY/ AREA                        |   |                       | 0              | COMMUNITY/ AREA         |          |                  | 0     | Computation                             |
| CALL SIGN                              | DSE   | CALL SIGN             | DSE            | CALL SIGN               | DSE      | CALL SIGN        | DSE   | of<br>Base Rate Fee                     |
|  |   |                       |                |                         |          |                  |       | and                                     |
|  |   | _                     |                |                         |          |                  |       | Syndicated                              |
|  |   |                       |                |                         |          |                  |       | Exclusivity                             |
|  |   |                       |                |                         |          | _                |       | Surcharge                               |
|  |   |                       |                |                         |          |                  | ····· |   |
|  |   |                       |                |                         |          |                  |       | Distant                                 |
|  |   |                       |                |                         |          | -                |       | Stations                                |
|  |   |                       |                |                         |          |                  |       |   |
|  |   |                       |                |                         |          |                  |       |   |
|  |   |                       |                |                         |          |                  |       |   |
|  |   |                       |                |                         |          |                  |       |   |
| Total DSEs                             | <u> </u>  |                       | 0.00           | Total DSEs              | Į        | <u> </u>         | 0.00  |   |
| Gross Receipts First Gr                | oup   | \$                    | 0.00           | Gross Receipts Second   | d Group  | \$               | 0.00  |   |
|  |   |                       |                |                         |          |                  |       |   |
| Base Rate Fee First Gr                 |   | \$                    | 0.00           | Base Rate Fee Second    |          | \$               | 0.00  |   |
| FORTY-S<br>COMMUNITY/ AREA             | EVENIH  | SUBSCRIBER GROL       | <u>مر</u><br>0 | COMMUNITY/ AREA         | Y-EIGHTH | SUBSCRIBER GROUP | -     | for<br>Partially<br>Distant<br>Stations |
|  |   |                       |                |                         |          |                  |       |   |
| CALL SIGN                              | DSE   | CALL SIGN             | DSE            | CALL SIGN               | DSE      | CALL SIGN        | DSE   |   |
|  |   |                       |                |                         |          |                  |       |   |
|  |   |                       |                |                         |          |                  |       |   |
|  |   |                       |                |                         |          | _                |       |   |
|  |   |                       |                |                         |          |                  |       |   |
|  |   |                       |                |                         |          |                  |       |   |
|  |   |                       |                |                         |          |                  |       |   |
|  |   |                       |                |                         |          | -                |       |   |
|  |   |                       |                |                         |          |                  |       |   |
|  |   |                       |                |                         |          |                  |       |   |
|  |   |                       |                |                         |          | -                |       |   |
|  |   |                       |                |                         |          |                  |       |   |
|  |   |                       |                | T / 1005                |          |                  |       |   |
| 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                 | - hann  | o foos for oach outor | riber group    | as shown in the house   | bovo     |                  |       |   |
| Enter here and in block                |   |                       | iner group     | as shown in the boxes a | 10046.   | \$               |       |   |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                 |             |                         |          |                  |          |   |
|--|---|-----------------|-------------|-------------------------|----------|------------------|----------|---|
|  |   |                 |             | TE FEES FOR EACH        |          |                  |          |   |
|  | Y-NINTH   | SUBSCRIBER GROU |             |                         | FIFTIETH | 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 Fee                           |
|  |   |                 |             |                         |          |                  |          | and<br>Syndicated                       |
|  |   |                 |             |                         |          |                  |          |   |
|  |   |                 |             |                         |          |                  |          | Surcharge                               |
|  |   |                 |             |                         |          |                  |          | for                                     |
|  |   |                 |             |                         |          |                  |          |   |
|  |   |                 |             |                         |          | -                |          | Stations                                |
|  |   | -               |             |                         |          | -                |          |   |
|  |   |                 |             |                         |          |                  |          |   |
|  |   |                 |             |                         |          |                  |          |   |
|  |   |                 |             |                         |          |                  |          |   |
|  |   |                 |             |                         |          |                  |          |   |
| Total DSEs                                     |   |                 | 0.00        | Total DSEs              |          |                  | 0.00     |   |
| Gross Receipts First Gr                        | oup   | \$              | 0.00        | Gross Receipts Second   | d Group  | \$               | 0.00     |   |
|  |   |                 |             |                         |          |                  |          |   |
| Base Rate Fee First Gr                         |   | \$              | 0.00        | Base Rate Fee Second    |          | \$               | 0.00     |   |
|  | Y-FIRST   | SUBSCRIBER GROU | IP<br>0     | ii                      | -SECOND  | SUBSCRIBER GROUP | <u> </u> | for<br>Partially<br>Distant<br>Stations |
| COMMUNITY/ AREA                                |   |                 |             | COMMUNITY/ AREA         |          |                  | <u> </u> |   |
| CALL SIGN                                      | DSE   | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE      |   |
|  |   |                 |             |                         |          | _                |          |   |
|  |   |                 |             |                         |          |                  |          |   |
|  |   |                 |             |                         |          |                  |          |   |
|  |   | -               |             |                         |          |                  |          |   |
|  |   |                 |             |                         |          | -                |          |   |
|  |   |                 |             |                         |          |                  |          |   |
|  |   |                 |             |                         |          |                  |          |   |
|  |   |                 |             |                         |          | _                |          |   |
|  |   |                 |             |                         |          |                  |          |   |
|  |   |                 |             |                         |          |                  |          |   |
|  |   |                 |             |                         |          |                  |          |   |
|  |   |                 |             |                         |          |                  |          |   |
| 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<br>CABLE ONE, INC.              | R OF CABL                          | E SYSTEM:       |                      |                         |          | SY               | STEM ID# | Name                 |
|---|------------------------------------|-----------------|----------------------|-------------------------|----------|------------------|----------|----------------------|
|   |                                    |                 |                      | TE FEES FOR EACH        |          |                  |          |                      |
|   | Y-THIRD                            | SUBSCRIBER GROL |                      |                         | -FOURTH  | 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 Fee<br>and |
|   |                                    |                 |                      |                         |          |                  |          | Syndicated           |
|   |                                    |                 |                      |                         |          | -                |          | Exclusivity          |
|   |                                    |                 |                      |                         |          |                  |          | Surcharge            |
|   |                                    |                 |                      |                         |          | -                |          | for                  |
|   |                                    |                 |                      |                         |          |                  |          | Partially            |
|   |                                    |                 |                      |                         |          | -                |          | Distant<br>Stations  |
|   |                                    |                 |                      |                         |          |                  |          | Stations             |
|   |                                    |                 |                      |                         |          |                  |          |                      |
|   |                                    |                 |                      |                         |          |                  |          |                      |
|   |                                    |                 |                      |                         |          |                  |          |                      |
|   |                                    |                 |                      |                         |          |                  |          |                      |
|   |                                    |                 |                      |                         |          |                  | L        |                      |
| Total DSEs 0.0                                      |                                    |                 |                      | Total DSEs              |          |                  | 0.00     |                      |
| Gross Receipts First Gr                             | Gross Receipts First Group \$ 0.0  |                 |                      | Gross Receipts Second   |          |                  |          |                      |
|   |                                    |                 | 0.00                 | Base Rate Fee Second    |          | \$               | 0.00     |                      |
| FIFTY-FIFTH SUBSCRIBER GROUP                        |                                    |                 |                      |                         | TY-SIXTH | SUBSCRIBER GROUP | 0        |                      |
| COMMUNITY/ AREA                                     |                                    |                 | 0                    | COMMUNITY/ AREA         |          |                  | 0        |                      |
| CALL SIGN   | DSE                                | CALL SIGN       | DSE                  | CALL SIGN               | DSE      | CALL SIGN        | DSE      |                      |
|   |                                    |                 |                      |                         |          | -                |          |                      |
|   |                                    |                 |                      |                         |          |                  |          |                      |
|   |                                    |                 |                      |                         |          |                  |          |                      |
|   |                                    |                 |                      |                         |          | -                |          |                      |
|   |                                    |                 |                      |                         |          |                  |          |                      |
|   |                                    |                 |                      |                         |          |                  |          |                      |
|   |                                    |                 |                      |                         |          |                  |          |                      |
|   |                                    |                 |                      |                         |          | -                |          |                      |
|   |                                    |                 |                      |                         |          | -                |          |                      |
|   |                                    |                 |                      |                         |          |                  |          |                      |
|   |                                    |                 |                      |                         |          |                  |          |                      |
|   |                                    |                 |                      |                         |          |                  |          |                      |
|   |                                    |                 |                      |                         |          |                  | <b>I</b> |                      |
| Total DSEs  |                                    |                 | 0.00                 | Total DSEs              |          |                  | 0.00     |                      |
| Gross Receipts Third G                              | Bross Receipts Third Group \$ 0.00 |                 |                      | Gross Receipts Fourth   | Group    | \$               | 0.00     |                      |
| Base Rate Fee Third Group \$ 0.00                   |                                    |                 | Base Rate Fee Fourth | Group                   | \$       | 0.00             |          |                      |
| Base Rate Fee: Add the                              |                                    |                 | riber group          | as shown in the boxes a | above.   |                  |          |                      |
| Enter here and in block 3, line 1, space L (page 7) |                                    |                 |                      |                         |          |                  |          |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                                   |                 |             |                         |          |                  |      | Name                 |  |
|---|-----------------------------------|-----------------|-------------|-------------------------|----------|------------------|------|----------------------|--|
|   |                                   |                 |             | TE FEES FOR EACH        |          |                  |      |                      |  |
|   | EVENTH                            | SUBSCRIBER GROU |             |                         | Y-EIGHTH | SUBSCRIBER GROUP |      | 9                    |  |
| COMMUNITY/ AREA   |                                   |                 | 0           | COMMUNITY/ AREA         |          |                  | 0    | Computation          |  |
| CALL SIGN   | DSE                               | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  | of<br>Dece Data Fee  |  |
|   |                                   |                 |             |                         |          |                  |      | Base Rate Fee<br>and |  |
|   |                                   | -               |             |                         |          |                  |      | Syndicated           |  |
|   |                                   |                 |             |                         |          |                  |      | Exclusivity          |  |
|   |                                   |                 |             |                         |          |                  |      | Surcharge            |  |
|   |                                   |                 |             |                         |          |                  |      | for<br>Partially     |  |
|   |                                   |                 |             |                         |          |                  |      | Distant              |  |
|   |                                   |                 |             |                         |          |                  |      | Stations             |  |
|   |                                   |                 |             |                         |          |                  |      |                      |  |
|   |                                   |                 |             |                         |          |                  |      |                      |  |
|   |                                   |                 |             |                         |          |                  |      |                      |  |
|   |                                   |                 |             |                         |          |                  |      |                      |  |
| Total DSEs  |                                   |                 | 0.00        | Total DSEs              | ļ        |                  | 0.00 |                      |  |
|   |                                   | •               | 0.00        |                         |          |                  |      |                      |  |
| Gross Receipts First Gr   | Gross Receipts First Group \$ 0.0 |                 |             | Gross Receipts Second   |          |                  |      |                      |  |
|   |                                   |                 | 0.00        | Base Rate Fee Second    | d Group  | \$               | 0.00 |                      |  |
| FIFTY-NINTH SUBSCRIBER GROUP                                    |                                   |                 |             | ii                      | SIXTIETH | SUBSCRIBER GROUP | -    |                      |  |
| COMMUNITY/ AREA   |                                   |                 | 0           | COMMUNITY/ AREA         |          |                  | 0    |                      |  |
| CALL SIGN   | DSE                               | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  |                      |  |
|   |                                   |                 |             |                         |          |                  |      |                      |  |
|   |                                   |                 |             |                         |          |                  |      |                      |  |
|   |                                   |                 |             |                         |          | -                |      |                      |  |
|   |                                   |                 |             |                         |          | <br>             |      |                      |  |
|   |                                   |                 |             |                         |          |                  |      |                      |  |
|   |                                   |                 |             |                         |          |                  |      |                      |  |
|   |                                   |                 |             |                         |          |                  |      |                      |  |
|   |                                   |                 |             |                         |          | -                |      |                      |  |
|   |                                   |                 |             |                         |          |                  |      |                      |  |
|   |                                   |                 |             |                         |          |                  |      |                      |  |
|   |                                   |                 |             |                         |          |                  |      |                      |  |
| Total DSEs  |                                   |                 | 0.00        | Total DSEs              | 1        |                  | 0.00 |                      |  |
|   |                                   |                 |             |                         | Crave    |                  |      |                      |  |
| Gross Receipts Third Group \$ 0.00                              |                                   |                 |             | Gross Receipts Fourth   | Group    | <u>\$</u>        | 0.00 |                      |  |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fo              |                                   |                 |             | 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 | ibove.   | \$               |      |                      |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                                   |                 |                      |                         |         |                  |      |                      |
|---|-----------------------------------|-----------------|----------------------|-------------------------|---------|------------------|------|----------------------|
|   |                                   |                 |                      | TE FEES FOR EACH        |         |                  |      |                      |
|   | Y-FIRST                           | SUBSCRIBER GROU |                      |                         | -SECOND | 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 Fee        |
|   |                                   |                 |                      |                         |         |                  |      | and<br>Syndicated    |
|   |                                   |                 |                      |                         |         |                  |      | Exclusivity          |
|   |                                   |                 |                      |                         |         |                  |      | Surcharge            |
|   |                                   |                 |                      |                         |         |                  |      | for                  |
|   |                                   |                 |                      |                         |         |                  |      | Partially<br>Distant |
|   |                                   | -               |                      |                         |         | -                |      | Stations             |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
| Total DSEs  |                                   |                 | 0.00                 | Total DSEs              |         |                  | 0.00 |                      |
| Gross Receipts First Gr   | Bross Receipts First Group \$ 0.0 |                 |                      | Gross Receipts Second   |         |                  |      |                      |
| Base Rate Fee First Group \$ 0.0                                |                                   |                 |                      | Base Rate Fee Second    | d Group | \$               | 0.00 |                      |
| SIXTY-THIRD SUBSCRIBER GROUP                                    |                                   |                 | IP                   | SIXTY                   | -FOURTH | SUBSCRIBER GROUP | D    |                      |
| COMMUNITY/ AREA   |                                   |                 | 0                    | COMMUNITY/ AREA         |         |                  | 0    |                      |
| CALL SIGN   | DSE                               | CALL SIGN       | DSE                  | CALL SIGN               | DSE     | CALL SIGN        | DSE  |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 |                      |                         |         | _                |      |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   | •••••                             |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 |                      |                         |         |                  |      |                      |
|   |                                   |                 | 0.00                 |                         | I       |                  | 0.00 |                      |
| Total DSEs  |                                   |                 | 0.00                 | Total DSEs              |         |                  | 0.00 |                      |
| Gross Receipts Third Group \$ 0.00                              |                                   |                 |                      | Gross Receipts Fourth   | Group   | \$               | 0.00 |                      |
| Base Rate Fee Third Group \$ 0.00 Base                          |                                   |                 | Base Rate Fee Fourth | Group                   | \$      | 0.00             |      |                      |
| Dees Data Es  | . h.e ·                           |                 |                      |                         | have    |                  |      |                      |
| Enter here and in block   |                                   |                 | nber group           | as shown in the boxes a | ivove.  | \$               |      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |  |                       |                      |                         |   |                  |               |                   |  |  |  |
|---|--|-----------------------|----------------------|-------------------------|---|------------------|---------------|-------------------|--|--|--|
|   |  |                       |                      | TE FEES FOR EACH        |   |                  |               |                   |  |  |  |
|   | Y-FIFTH  | SUBSCRIBER GROU       |                      | SIX                     | TY-SIXTH  | SUBSCRIBER GROUP |               | 9                 |  |  |  |
| COMMUNITY/ AREA   |  |                       | 0                    | COMMUNITY/ AREA         |   |                  | 0             | -                 |  |  |  |
| CALL SIGN   | DSE  | CALL SIGN             | DSE                  | CALL SIGN               | DSE   | CALL SIGN        | DSE           | Computation<br>of |  |  |  |
| CALL SIGN   | DOL  | CALL SIGN             | DGL                  |                         | DGL   | CALL SIGN        | DSL           | Base Rate Fee     |  |  |  |
|   |  |                       |                      |                         |   |                  |               | and               |  |  |  |
|   |  |                       |                      |                         |   | _                |               | Syndicated        |  |  |  |
|   |  |                       |                      |                         |   |                  |               | Exclusivity       |  |  |  |
|   |  |                       |                      |                         |   |                  |               | Surcharge<br>for  |  |  |  |
|   |  |                       |                      |                         |   |                  |               | Partially         |  |  |  |
|   |  |                       |                      |                         |   |                  |               | Distant           |  |  |  |
|   |  |                       |                      |                         |   |                  |               | Stations          |  |  |  |
|   |  |                       |                      |                         |   | -                |               |                   |  |  |  |
|   |  |                       |                      |                         |   | -                |               |                   |  |  |  |
|   |  |                       |                      |                         |   | -                | <mark></mark> |                   |  |  |  |
|   |  |                       |                      |                         |   |                  |               |                   |  |  |  |
|   |  |                       |                      |                         |   |                  |               |                   |  |  |  |
| Total DSEs  |  |                       | 0.00                 | Total DSEs              |   |                  | 0.00          |                   |  |  |  |
| Gross Receipts First Gr   | Gross Receipts First Group \$ 0.0                |                       |                      | Gross Receipts Secon    | 0.00  |                  |               |                   |  |  |  |
| Base Rate Fee First Group \$ 0.0                                |  |                       |                      | Base Rate Fee Second    | d Group   | \$               | 0.00          |                   |  |  |  |
|   | SIXTY-SEVENTH SUBSCRIBER GROUP                   |                       |                      | 11                      | SIXTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 |                  |               |                   |  |  |  |
| COMMUNITY/ AREA   |  |                       | 0                    | COMMUNITY/ AREA         |   |                  |               |                   |  |  |  |
| CALL SIGN   | DSE  | CALL SIGN             | DSE                  | CALL SIGN               | DSE   | CALL SIGN        | DSE           |                   |  |  |  |
|   |  |                       |                      |                         |   | -                |               |                   |  |  |  |
|   |  |                       |                      |                         |   |                  |               |                   |  |  |  |
|   |  |                       |                      |                         |   | -                |               |                   |  |  |  |
|   |  |                       |                      |                         |   |                  |               |                   |  |  |  |
|   |  |                       |                      |                         |   | -                |               |                   |  |  |  |
|   |  |                       |                      |                         |   |                  | <u> </u>      |                   |  |  |  |
|   |  |                       |                      |                         |   | -                |               |                   |  |  |  |
|   |  |                       |                      |                         |   |                  | <u>+</u>      |                   |  |  |  |
|   |  |                       |                      |                         |   |                  |               |                   |  |  |  |
|   |  |                       |                      |                         |   |                  |               |                   |  |  |  |
|   |  |                       |                      |                         |   |                  | <b>.</b>      |                   |  |  |  |
|   |  |                       |                      |                         |   |                  |               |                   |  |  |  |
| Total DSEs  |  |                       | 0.00                 | Total DSEs              | I   |                  | 0.00          |                   |  |  |  |
| Gross Receipts Third G  | roup   | \$                    | 0.00                 | Gross Receipts Fourth   | Group   | \$               | 0.00          |                   |  |  |  |
|   |  |                       |                      |                         |   | ÷                |               |                   |  |  |  |
| Base Rate Fee Third Group \$ 0.00                               |  |                       | Base Rate Fee Fourth | Group                   | \$  | 0.00             |               |                   |  |  |  |
| Base Rate Fee: Add the  | e base rat                                       | e fees for each subsc | riber group          | as shown in the boxes a | bove.   |                  |               |                   |  |  |  |
| Enter here and in block   | er here and in block 3, line 1, space L (page 7) |                       |                      |                         |   | \$               |               |                   |  |  |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | R OF CABL | LE SYSTEM:      |             |                         |          | SY              | STEM ID#      | Name                      |
|--|-----------|-----------------|-------------|-------------------------|----------|-----------------|---------------|---------------------------|
|  |           |                 |             | TE FEES FOR EACH        |          |                 |               |                           |
| SIXT<br>COMMUNITY/ AREA                        | Y-NINTH   | SUBSCRIBER GROU | IP<br>0     |                         | VENTIETH | SUBSCRIBER GROU | P<br>0        | 9                         |
| COMMUNITY/ AREA                                |           |                 | U           | COMMUNITY/ AREA         |          |                 |               | Computation               |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE           | of                        |
|  |           |                 |             |                         |          |                 |               | Base Rate Fee             |
|  |           |                 |             |                         |          | _               |               | and                       |
|  |           |                 |             |                         |          | _               |               | Syndicated<br>Exclusivity |
|  |           |                 |             |                         |          |                 |               | Surcharge                 |
|  |           |                 |             |                         |          | _               |               | for                       |
|  |           |                 |             |                         |          |                 |               | Partially                 |
|  |           |                 |             |                         |          |                 |               | Distant<br>Stations       |
|  |           |                 |             |                         |          | -               |               | otations                  |
|  |           |                 |             |                         |          |                 |               |                           |
|  |           |                 |             |                         |          |                 |               |                           |
|  |           |                 |             |                         |          |                 |               |                           |
|  |           |                 |             |                         |          |                 |               |                           |
| Total DSEs                                     | <u> </u>  |                 | 0.00        | Total DSEs              | Į        | ••              | 0.00          |                           |
| Gross Receipts First Gr                        | oun       | \$              | 0.00        | Gross Receipts Second   | d Group  | \$              | 0.00          |                           |
|  | oup       | ÷               | 0.00        |                         |          | ÷               | 0.00          |                           |
| · · · · · · · · · · · · · · · · · · ·          |           |                 | 0.00        | Base Rate Fee Second    | d Group  | \$              | 0.00          |                           |
| SEVENTY-FIRST SUBSCRIBER GROUP                 |           |                 |             |                         | -SECOND  | SUBSCRIBER GROU | P             |                           |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA         |          |                 | 0             |                           |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE           |                           |
|  |           |                 |             |                         |          | _               |               |                           |
|  |           |                 |             |                         |          |                 |               |                           |
|  |           |                 |             |                         |          | -               |               |                           |
|  |           |                 |             |                         |          |                 |               |                           |
|  |           |                 |             |                         |          | _               | <mark></mark> |                           |
|  |           |                 |             |                         |          | 1               |               |                           |
|  |           | ]               |             |                         |          | _               |               |                           |
|  |           |                 |             |                         |          | -               |               |                           |
|  |           |                 |             |                         |          | -               |               |                           |
|  |           |                 |             |                         |          |                 |               |                           |
|  |           |                 |             |                         |          |                 |               |                           |
|  |           |                 |             |                         |          |                 |               |                           |
| Total DSEs                                     |           |                 | 0.00        | Total DSEs              |          |                 | 0.00          |                           |
| Gross Receipts Third G                         | roup      | \$              | 0.00        | Gross Receipts Fourth   | Group    | \$              | 0.00          |                           |
|  |           |                 |             | 0                       | _        |                 |               |                           |
| 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.    | \$              |               |                           |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.              | R OF CABL | E SYSTEM:       |                      |                         |                                     | SY               | STEM ID# | Name                 |  |
|---|-----------|-----------------|----------------------|-------------------------|-------------------------------------|------------------|----------|----------------------|--|
|   |           |                 |                      | TE FEES FOR EACH        |                                     |                  |          |                      |  |
|   | Y-THIRD   | SUBSCRIBER GROU |                      |                         | Y-FOURTH                            | 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 Fee<br>and |  |
|   |           |                 |                      |                         |                                     |                  |          | Syndicated           |  |
|   |           |                 |                      |                         |                                     |                  |          | Exclusivity          |  |
|   |           |                 |                      |                         |                                     |                  |          | Surcharge            |  |
|   |           |                 |                      |                         |                                     |                  |          | for                  |  |
|   |           |                 |                      |                         |                                     |                  |          | Partially<br>Distant |  |
|   |           |                 |                      |                         |                                     |                  |          | Stations             |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
| Total DSEs  | !         |                 | 0.00                 | Total DSEs              | ł                                   |                  | 0.00     |                      |  |
| Gross Receipts First Gr                             | oup       | \$              | 0.00                 | Gross Receipts Secon    | Gross Receipts Second Group \$ 0.00 |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 | 0.00                 | Base Rate Fee Secon     |                                     |                  |          |                      |  |
| SEVENTY-FIFTH SUBSCRIBER GROUP                      |           |                 |                      |                         | NTY-SIXTH                           | SUBSCRIBER GROUP |          |                      |  |
| COMMUNITY/ AREA                                     |           |                 | 0                    | COMMUNITY/ AREA         |                                     |                  | 0        |                      |  |
| CALL SIGN   | DSE       | CALL SIGN       | DSE                  | CALL SIGN               | DSE                                 | CALL SIGN        | DSE      |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           | 1               |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
|   |           |                 |                      |                         |                                     |                  |          |                      |  |
| Total DSEs  |           |                 | 0.00                 | Total DSEs              |                                     |                  | 0.00     |                      |  |
| Gross Receipts Third G                              | roup      | \$              | 0.00                 | Gross Receipts Fourth   | Group                               | \$               | 0.00     |                      |  |
|   |           |                 |                      |                         |                                     |                  | <u> </u> |                      |  |
| Base Rate Fee Third Group \$ 0.00                   |           |                 | Base Rate Fee Fourth | Group                   | \$                                  | 0.00             |          |                      |  |
| Base Rate Fee: Add the                              |           |                 | riber group          | as shown in the boxes a | above.                              |                  |          |                      |  |
| Enter here and in block 3, line 1, space L (page 7) |           |                 |                      |                         |                                     |                  |          |                      |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |          |                 |             |                         |          |                  |      |                      |
|---|----------|-----------------|-------------|-------------------------|----------|------------------|------|----------------------|
|   |          |                 |             | TE FEES FOR EACH        |          |                  |      |                      |
|   | EVENTH   | SUBSCRIBER GROU |             |                         | Y-EIGHTH | SUBSCRIBER GROUP |      | 9                    |
| COMMUNITY/ AREA   |          |                 | 0           | COMMUNITY/ AREA         |          |                  | 0    | Computation          |
| CALL SIGN   | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  | of<br>Dece Data Fee  |
|   |          |                 |             |                         |          |                  |      | Base Rate Fee<br>and |
|   | •••••    |                 |             |                         |          | -                |      | Syndicated           |
|   |          |                 |             |                         |          |                  |      | Exclusivity          |
|   |          |                 |             |                         |          |                  |      | Surcharge            |
|   |          |                 |             |                         |          |                  |      | for<br>Partially     |
|   |          |                 |             |                         |          |                  |      | Distant              |
|   |          |                 |             |                         |          |                  |      | Stations             |
|   |          |                 |             |                         |          |                  |      |                      |
|   |          |                 |             |                         |          |                  |      |                      |
|   |          |                 |             |                         |          |                  |      |                      |
|   |          |                 |             |                         |          |                  |      |                      |
| Total DSEs  |          |                 | 0.00        | Total DSEs              | ļ        |                  | 0.00 |                      |
|   | 000      | \$              | 0.00        | Gross Receipts Second   | d Group  | \$               | 0.00 |                      |
| Gross Receipts First Gr   |          |                 |             | Gloss Receipts Secon    |          |                  |      |                      |
|   |          |                 | 0.00        | Base Rate Fee Second    |          | \$               | 0.00 |                      |
| SEVENTY-NINTH SUBSCRIBER GROUP                                  |          |                 |             | li                      | IGHTIETH | SUBSCRIBER GROUP | -    |                      |
| COMMUNITY/ AREA   |          |                 | 0           | COMMUNITY/ AREA         |          |                  | 0    |                      |
| CALL SIGN   | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  |                      |
|   |          |                 |             |                         |          |                  |      |                      |
|   |          |                 |             |                         |          |                  |      |                      |
|   |          |                 |             |                         |          |                  |      |                      |
|   |          |                 |             |                         |          | <br>             |      |                      |
|   |          |                 |             |                         |          |                  |      |                      |
|   |          |                 |             |                         |          |                  |      |                      |
|   |          |                 |             |                         |          |                  |      |                      |
|   |          |                 |             |                         |          | -                |      |                      |
|   |          |                 |             |                         |          |                  |      |                      |
|   |          |                 |             |                         |          |                  |      |                      |
|   |          |                 |             |                         |          |                  |      |                      |
| Total DSEs  | <u> </u> |                 | 0.00        | Total DSEs              | I        |                  | 0.00 |                      |
|   | roup     |                 | 0.00        |                         | Group    | ¢                | 0.00 |                      |
| Gross Receipts Third Group \$ 0.00 Gr                           |          |                 |             | Gross Receipts Fourth   | Group    | <u>\$</u>        | 0.00 |                      |
| Base Rate Fee Third Group     \$     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.    | \$               |      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                                  |                       |                      |                         |          |                        |      |                      |
|---|----------------------------------|-----------------------|----------------------|-------------------------|----------|------------------------|------|----------------------|
|   |                                  |                       |                      | TE FEES FOR EACH        |          |                        |      |                      |
|   | Y-FIRST                          | SUBSCRIBER GROU       |                      |                         | -SECOND  | SUBSCRIBER GROUP       |      | 9                    |
| COMMUNITY/ AREA   |                                  |                       | 0                    | COMMUNITY/ AREA         |          |                        | 0    | Computation          |
| CALL SIGN   | DSE                              | CALL SIGN             | DSE                  | CALL SIGN               | DSE      | CALL SIGN              | DSE  | of<br>Dece Data Fee  |
|   |                                  |                       |                      |                         |          |                        |      | Base Rate Fee<br>and |
|   |                                  | _                     |                      |                         |          |                        |      | Syndicated           |
|   |                                  |                       |                      |                         |          |                        |      | Exclusivity          |
|   |                                  |                       |                      |                         |          |                        |      | Surcharge<br>for     |
|   |                                  |                       |                      |                         |          |                        |      | Partially            |
|   |                                  |                       |                      |                         |          |                        |      | Distant              |
|   |                                  |                       |                      |                         |          | -                      |      | Stations             |
|   |                                  |                       |                      |                         |          |                        |      |                      |
|   |                                  |                       |                      |                         |          |                        |      |                      |
|   |                                  |                       |                      |                         |          |                        |      |                      |
|   |                                  |                       |                      |                         |          |                        |      |                      |
| Total DSEs  | II                               |                       | 0.00                 | Total DSEs              | Į        |                        | 0.00 |                      |
| Gross Receipts First Gr   | oup                              | \$                    | 0.00                 | Gross Receipts Secon    |          |                        |      |                      |
| Page Bote Fee First Cr  | Base Rate Fee First Group \$ 0.0 |                       |                      |                         | d Croup  | •                      | 0.00 |                      |
|   |                                  |                       |                      | Base Rate Fee Second    |          | \$<br>SUBSCRIBER GROUF | 1    |                      |
| COMMUNITY/ AREA   | EIGHTY-THIRD SUBSCRIBER GROUP    |                       |                      | COMMUNITY/ AREA         | -FOORTH  | SUBSCRIBER GROUP       | 0    |                      |
|   |                                  |                       | · · · · · ·          |                         |          |                        |      |                      |
| CALL SIGN   | DSE                              | CALL SIGN             | DSE                  | CALL SIGN               | DSE      | CALL SIGN              | DSE  |                      |
|   |                                  |                       |                      |                         |          |                        |      |                      |
|   |                                  |                       |                      |                         |          |                        |      |                      |
|   |                                  | -                     |                      |                         |          | -                      |      |                      |
|   |                                  |                       |                      |                         |          |                        |      |                      |
|   |                                  |                       |                      |                         |          |                        |      |                      |
|   |                                  |                       |                      |                         |          |                        |      |                      |
|   |                                  |                       |                      |                         |          |                        |      |                      |
|   |                                  |                       |                      |                         |          |                        |      |                      |
|   |                                  |                       |                      |                         |          | -                      |      |                      |
|   |                                  |                       |                      |                         |          |                        |      |                      |
|   |                                  |                       |                      |                         |          |                        |      |                      |
| Total DSEs  | <u> </u>                         |                       | 0.00                 | Total DSEs              | 1        |                        | 0.00 |                      |
| Gross Receipts Third G  | roup                             | \$                    | 0.00                 | Gross Receipts Fourth   | Group    | \$                     | 0.00 |                      |
|   | 12                               | ·                     |                      |                         | <b>r</b> | ·                      |      |                      |
| Base Rate Fee Third Group \$ 0.00 Base Ra                       |                                  |                       | Base Rate Fee Fourth | Group                   | \$       | 0.00                   |      |                      |
| Base Rate Fee: Add the  | e base rat                       | e fees for each subsc | riber aroun          | as shown in the boxes a | bove     |                        |      |                      |
| Enter here and in block 3, line 1, space L (page 7)             |                                  |                       |                      |                         |          |                        |      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                                 |                       |                      |                          |           |                  |          | Name                 |
|---|---------------------------------|-----------------------|----------------------|--------------------------|-----------|------------------|----------|----------------------|
|   |                                 |                       |                      | TE FEES FOR EACH         |           |                  |          |                      |
|   | Y-FIFTH                         | SUBSCRIBER GROU       |                      |                          | ITY-SIXTH | SUBSCRIBER GROUP |          | 9                    |
| COMMUNITY/ AREA   |                                 |                       | 0                    | COMMUNITY/ AREA          |           |                  | 0        | Computation          |
| CALL SIGN   | DSE                             | CALL SIGN             | DSE                  | CALL SIGN                | DSE       | CALL SIGN        | DSE      | of<br>Dece Data Fee  |
|   |                                 |                       |                      |                          |           |                  |          | Base Rate Fee<br>and |
|   |                                 | -                     |                      |                          |           |                  |          | Syndicated           |
|   |                                 |                       |                      |                          |           |                  |          | Exclusivity          |
|   |                                 |                       |                      |                          |           | _                |          | Surcharge<br>for     |
|   |                                 |                       |                      |                          |           |                  |          | Partially            |
|   |                                 |                       |                      |                          |           |                  |          | Distant              |
|   |                                 |                       |                      |                          |           | -                |          | Stations             |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
| Total DSEs  | II                              |                       | 0.00                 | Total DSEs               | Į         | <u> </u>         | 0.00     |                      |
| Gross Receipts First Gr   | oup                             | \$                    | 0.00                 | Gross Receipts Second    | 0.00      |                  |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       | 0.00                 | Base Rate Fee Second     |           | \$               | 0.00     |                      |
| EIGHTY-S<br>COMMUNITY/ AREA                                     | EIGHTY-SEVENTH SUBSCRIBER GROUP |                       |                      | EIGHT<br>COMMUNITY/ AREA | Y-EIGHTH  | SUBSCRIBER GROUP | <u> </u> |                      |
| COMMONT IT AREA   |                                 |                       | 0                    |                          |           |                  |          |                      |
| CALL SIGN   | DSE                             | CALL SIGN             | DSE                  | CALL SIGN                | DSE       | CALL SIGN        | DSE      |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       |                      |                          |           | -                |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
|   |                                 |                       |                      |                          |           |                  |          |                      |
| Total DSEs  | <u> </u>                        |                       | 0.00                 | Total DSEs               | 1         |                  | 0.00     |                      |
| Gross Receipts Third G  | roup                            | \$                    | 0.00                 | Gross Receipts Fourth    | Group     | \$               | 0.00     |                      |
|   |                                 |                       |                      |                          | Joup      | ·                |          |                      |
| Base Rate Fee Third Group \$ 0.00                               |                                 |                       | Base Rate Fee Fourth | Group                    | \$        | 0.00             |          |                      |
| Base Rate Fee: Add the  | hase ret                        | e fees for each subse | riber group          | as shown in the boxes of | bove      |                  |          |                      |
| Enter here and in block 3, line 1, space L (page 7)             |                                 |                       |                      |                          |           |                  |          |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.   |                                    |                 |             |                         |          |                  |          | Name                 |
|---|------------------------------------|-----------------|-------------|-------------------------|----------|------------------|----------|----------------------|
|   |                                    |                 |             | TE FEES FOR EACH        |          |                  |          |                      |
|   | Y-NINTH                            | SUBSCRIBER GROU |             |                         | NINTIETH | 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 Fee        |
|   |                                    |                 |             |                         |          |                  |          | and<br>Syndicated    |
|   |                                    |                 |             |                         |          |                  |          | Exclusivity          |
|   |                                    |                 |             |                         |          |                  |          | Surcharge            |
|   |                                    |                 |             |                         |          |                  |          | for                  |
|   |                                    |                 |             |                         |          |                  |          | Partially<br>Distant |
|   |                                    |                 |             |                         |          | -                |          | Stations             |
|   |                                    |                 |             |                         |          | -                |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
| Total DSEs  |                                    |                 | 0.00        | Total DSEs              |          |                  | 0.00     |                      |
| Gross Receipts First Gr   | Bross Receipts First Group \$ 0.0  |                 |             | Gross Receipts Secon    |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 | 0.00        | Base Rate Fee Second    |          | \$               | 0.00     |                      |
| COMMUNITY/ AREA   | NINETY-FIRST SUBSCRIBER GROUP      |                 |             | COMMUNITY/ AREA         | -SECOND  | SUBSCRIBER GROUP | <u> </u> |                      |
|   |                                    |                 | 0           |                         |          |                  |          |                      |
| CALL SIGN   | DSE                                | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE      |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          | _                |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
| Total DSEs  |                                    |                 | 0.00        | Total DSEs              |          |                  | 0.00     |                      |
| Gross Receipts Third G  | Gross Receipts Third Group \$ 0.00 |                 |             | Gross Receipts Fourth   | Group    | \$               | 0.00     |                      |
|   |                                    |                 |             |                         |          |                  | ]        |                      |
| Base Rate Fee Third Group     \$     0.00       Base Rate Fee Fee |                                    |                 |             | Base Rate Fee Fourth    | Group    | \$               | 0.00     |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |
| Base Rate Fee: Add th<br>Enter here and in block                  |                                    |                 | riber group | as shown in the boxes a | bove.    | \$               |          |                      |
|   |                                    |                 |             |                         |          |                  |          |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.   |            |                      |                      |                       |          |                  |      |                      |
|---|------------|----------------------|----------------------|-----------------------|----------|------------------|------|----------------------|
|   |            |                      |                      | TE FEES FOR EACH      |          |                  |      |                      |
|   | Y-THIRD    | SUBSCRIBER GROU      |                      |                       | -FOURTH  | SUBSCRIBER GROUP |      | 9                    |
| COMMUNITY/ AREA   |            |                      | 0                    | COMMUNITY/ AREA       |          |                  | 0    | Computation          |
| CALL SIGN   | DSE        | CALL SIGN            | DSE                  | CALL SIGN             | DSE      | CALL SIGN        | DSE  | of<br>Dece Data Fee  |
|   |            |                      |                      |                       |          |                  |      | Base Rate Fee<br>and |
|   |            |                      |                      |                       |          | -                |      | Syndicated           |
|   |            |                      |                      |                       |          |                  |      | Exclusivity          |
|   |            |                      |                      |                       |          |                  |      | Surcharge            |
|   |            |                      |                      |                       |          |                  |      | for<br>Partially     |
|   |            |                      |                      |                       |          |                  |      | Distant              |
|   |            |                      |                      |                       |          |                  |      | Stations             |
|   |            |                      |                      |                       |          |                  |      |                      |
|   |            |                      |                      |                       |          |                  |      |                      |
|   |            |                      |                      |                       |          |                  |      |                      |
|   |            |                      |                      |                       |          |                  |      |                      |
| Total DSEs  | <u> </u>   |                      | 0.00                 | Total DSEs            |          |                  | 0.00 |                      |
| Gross Receipts First Gr   | nun        | \$                   | 0.00                 | Gross Receipts Second | d Group  | \$               | 0.00 |                      |
|   | oup        | ÷                    | 0.00                 |                       |          |                  |      |                      |
|   |            |                      | 0.00                 | Base Rate Fee Second  |          | \$               | 0.00 |                      |
| NINETY-FIFTH SUBSCRIBER GROUP   |            |                      |                      |                       | TY-SIXTH | SUBSCRIBER GROUP | _    |                      |
| COMMUNITY/ AREA   |            |                      | 0                    | COMMUNITY/ AREA       |          |                  | 0    |                      |
| CALL SIGN   | DSE        | CALL SIGN            | DSE                  | CALL SIGN             | DSE      | CALL SIGN        | DSE  |                      |
|   |            |                      |                      |                       |          |                  |      |                      |
|   |            |                      |                      |                       |          |                  |      |                      |
|   |            |                      |                      |                       |          | -                |      |                      |
|   |            |                      |                      |                       |          |                  |      |                      |
|   |            |                      |                      |                       |          |                  |      |                      |
|   |            | ]                    |                      |                       |          |                  |      |                      |
|   |            |                      |                      |                       |          |                  |      |                      |
|   |            |                      |                      |                       |          |                  |      |                      |
|   |            |                      |                      |                       |          | -                |      |                      |
|   |            |                      |                      |                       |          |                  |      |                      |
|   |            |                      |                      |                       |          |                  |      |                      |
| Total DSEs  | 11         |                      | 0.00                 | Total DSEs            | 1        |                  | 0.00 |                      |
| Gross Receipts Third G  | roup       | \$                   | 0.00                 | Gross Receipts Fourth | Group    | \$               | 0.00 |                      |
|   |            |                      |                      |                       |          |                  |      |                      |
| Base Rate Fee Third Group \$ 0.00 E   |            |                      | Base Rate Fee Fourth | Group                 | \$       | 0.00             |      |                      |
| Dees Dets Free Add to   | - <b>h</b> | - food for costs and | rib en cree          | an about in the hear  | have     |                  |      |                      |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |            |                      |                      |                       |          |                  |      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                               |                       |                      |                         |          |                  |          |                   |
|---|-------------------------------|-----------------------|----------------------|-------------------------|----------|------------------|----------|-------------------|
|   |                               |                       |                      | TE FEES FOR EACH        |          |                  |          |                   |
| NINETY-S  | EVENTH                        | SUBSCRIBER GROU       |                      | NINET                   | Y-EIGHTH | SUBSCRIBER GROUP | >        | 9                 |
| COMMUNITY/ AREA   |                               |                       | 0                    | COMMUNITY/ AREA         |          |                  | 0        | -                 |
| CALL SIGN   | DSE                           | CALL SIGN             | DSE                  | CALL SIGN               | DSE      | CALL SIGN        | DSE      | Computation<br>of |
| CALL SIGN   | DSE                           | CALL SIGN             | DSE                  | CALL SIGN               | DSE      |                  | DSE      | Base Rate Fee     |
|   |                               |                       |                      |                         |          |                  |          | and               |
|   |                               |                       |                      |                         |          |                  |          | Syndicated        |
|   |                               |                       |                      |                         |          |                  |          | Exclusivity       |
|   |                               |                       |                      |                         |          |                  |          | Surcharge         |
|   |                               |                       |                      |                         |          |                  |          | for<br>Partially  |
|   |                               |                       |                      |                         |          |                  |          | Distant           |
|   |                               |                       |                      |                         |          |                  |          | Stations          |
|   |                               |                       |                      |                         |          |                  |          |                   |
|   |                               |                       |                      |                         |          |                  |          |                   |
|   |                               |                       |                      |                         |          |                  |          |                   |
|   | •••••                         |                       |                      |                         |          |                  |          |                   |
|   |                               |                       |                      |                         |          |                  |          |                   |
| Total DSEs 0.0  |                               |                       |                      | Total DSEs              |          |                  | 0.00     |                   |
| Gross Receipts First Group \$ 0.0                               |                               |                       | 0.00                 | Gross Receipts Second   | d Group  | \$               | 0.00     |                   |
| •   |                               |                       | 0.00                 | Base Rate Fee Second    | d Group  | \$               | 0.00     |                   |
| NINET   | NINETY-NINTH SUBSCRIBER GROUP |                       |                      | ONE HUI                 | NDREDTH  | SUBSCRIBER GROUP | >        |                   |
| COMMUNITY/ AREA   |                               |                       | 0                    | COMMUNITY/ AREA         |          |                  | 0        |                   |
| CALL SIGN   | DSE                           | CALL SIGN             | DSE                  | CALL SIGN               | DSE      | CALL SIGN        | DSE      |                   |
|   |                               |                       |                      |                         |          |                  |          |                   |
|   |                               |                       |                      |                         |          |                  |          |                   |
|   |                               |                       |                      |                         |          |                  |          |                   |
|   |                               |                       |                      |                         |          |                  |          |                   |
|   |                               |                       |                      |                         |          |                  |          |                   |
|   |                               |                       |                      |                         |          |                  | <u> </u> |                   |
|   |                               |                       |                      |                         |          | -                |          |                   |
|   |                               |                       |                      |                         |          |                  | <u>+</u> |                   |
|   |                               |                       |                      |                         |          |                  |          |                   |
|   |                               |                       |                      |                         |          |                  |          |                   |
|   |                               |                       |                      |                         |          |                  | <b>.</b> |                   |
|   |                               |                       |                      |                         |          |                  |          |                   |
| Total DSEs  |                               |                       | 0.00                 | Total DSEs              | I        |                  | 0.00     |                   |
| Gross Receipts Third G  | roup                          | \$                    | 0.00                 | Gross Receipts Fourth   | Group    | \$               | 0.00     |                   |
|   |                               |                       |                      | F                       | <u>·</u> |                  |          |                   |
| Base Rate Fee Third Group \$ 0.00                               |                               |                       | Base Rate Fee Fourth | Group                   | \$       | 0.00             |          |                   |
| Base Rate Fee: Add the  | e base rat                    | e fees for each subsc | riber group          | as shown in the boxes a | bove.    |                  |          |                   |
| Enter here and in block 3, line 1, space L (page 7)             |                               |                       |                      |                         |          | \$               |          |                   |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.                           | R OF CABL   | LE SYSTEM:            |                                     |                       |                                | SY           | STEM ID# | Name                      |
|--|---|-----------------------|-------------------------------------|-----------------------|--------------------------------|--------------|----------|---------------------------|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP |   |                       |                                     |                       |                                |              |          |                           |
|  | D FIRST   | SUBSCRIBER GROU       |                                     |                       | UNDRED SECOND 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 Fee             |
|  |   |                       |                                     |                       |                                |              |          | and<br>Sundiastad         |
|  |   |                       |                                     |                       |                                |              |          | Syndicated<br>Exclusivity |
|  |   |                       |                                     |                       |                                |              |          | Surcharge                 |
|  |   |                       |                                     |                       |                                |              |          | for                       |
|  |   |                       |                                     |                       |                                |              |          | Partially                 |
|  |   |                       |                                     |                       |                                |              |          | Distant<br>Stations       |
|  |   |                       |                                     |                       |                                |              |          | Stations                  |
|  |   |                       |                                     |                       |                                |              |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
| Total DSEs   | L   |                       | 0.00                                | Total DSEs            | <u> </u>                       | <u> </u>     | 0.00     |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
| Gross Receipts First Gr  | oup   | <u>\$</u>             | 0.00                                | Gross Receipts Secon  | d Group                        | \$           | 0.00     |                           |
| Base Rate Fee First Group \$ 0.00                                |   |                       |                                     | Base Rate Fee Secon   |                                | \$           | 0.00     |                           |
|  | D THIRD   | SUBSCRIBER GROU       |                                     |                       |                                |              |          |                           |
| COMMUNITY/ AREA  |   |                       | 0                                   | COMMUNITY/ AREA       |                                |              |          |                           |
| CALL SIGN  | DSE   | CALL SIGN             | DSE                                 | CALL SIGN             | DSE                            | CALL SIGN    | DSE      |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
|  |   |                       |                                     |                       |                                | <u> </u><br> |          |                           |
|  |   | -                     |                                     |                       |                                | _            |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
| Total DSEs   |   |                       | 0.00                                | Total DSEs            |                                |              | 0.00     |                           |
| Gross Receipts Third Group \$ 0.00                               |   | 0.00                  | Gross Receipts Fourth Group \$ 0.00 |                       | 0.00                           |              |          |                           |
|  |   |                       |                                     |                       |                                |              |          |                           |
| Base Rate Fee Third Group \$ 0.                                  |   | 0.00                  | Base Rate Fee Fourth                | Group                 | \$                             | 0.00         |          |                           |
| Base Rate Fee: Add the   | hase rat  | e fees for each subsc | riber aroup                         | as shown in the hoves | above                          |              |          |                           |
|  | Enter here and in block 3, line 1, space L (page 7) |                       |                                     |                       |                                | \$           |          |                           |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.                                | R OF CABL   | LE SYSTEM:                   |                       |                            |         | SY        | STEM ID# | Name                     |
|---|---|------------------------------|-----------------------|----------------------------|---------|-----------|----------|--------------------------|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP      |   |                              |                       |                            |         |           |          |                          |
| ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP |   |                              |                       |                            |         |           |          | 9                        |
| COMMUNITY/ AREA 0   |   |                              |                       | COMMUNITY/ AREA 0          |         |           |          | Computation              |
| CALL SIGN DSE CALL SIGN DSE   |   |                              | CALL SIGN             | of                         |         |           |          |                          |
|   |   |                              |                       |                            | DSE     | CALL SIGN | DSE      | Base Rate Fee            |
|   |   |                              |                       |                            |         |           |          | and                      |
|   |   |                              |                       |                            |         |           |          | Syndicated               |
|   |   |                              |                       |                            |         |           |          | Exclusivity<br>Surcharge |
|   |   |                              |                       |                            |         |           |          | for                      |
|   |   |                              |                       |                            |         |           |          | Partially                |
|   |   |                              |                       |                            |         |           |          | Distant                  |
|   |   |                              |                       |                            |         |           |          | Stations                 |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         |           | ļ        |                          |
| Total DSEs  |   |                              | 0.00                  | Total DSEs                 |         |           |          |                          |
| Gross Receipts First Gr   | oup   | \$                           | 0.00                  | Gross Receipts Second      |         |           |          |                          |
| Base Rate Fee First Group \$ 0.00                                     |   |                              | 0.00                  | Base Rate Fee Second       | d Group | \$        | 0.00     |                          |
|   | EVENTH  | SUBSCRIBER GROU              |                       | ONE HUNDRE                 |         |           |          |                          |
| COMMUNITY/ AREA0  |   |                              | 0                     | COMMUNITY/ AREA            |         |           |          |                          |
| CALL SIGN   | DSE   | CALL SIGN                    | DSE                   | CALL SIGN                  | DSE     | CALL SIGN | DSE      |                          |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         |           | <b>.</b> |                          |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         | _         |          |                          |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         |           |          |                          |
|   |   |                              |                       |                            |         |           |          |                          |
| Total DSEs  |   |                              | 0.00                  | Total DSEs                 |         |           | 0.00     |                          |
| Gross Receipts Third Group \$   |   | 0.00                         | Gross Receipts Fourth | Group                      | \$      | 0.00      |          |                          |
| Base Rate Fee Third Group \$  |   | \$                           | 0.00                  | Base Rate Fee Fourth Group |         | \$        | 0.00     |                          |
| Base Rate Fee: Add the  | e base rat  | <b>e fees</b> for each subsc | iber group            | as shown in the boxes a    | bove.   |           |          |                          |
| Enter here and in block   | Enter here and in block 3, line 1, space L (page 7) |                              |                       |                            |         | \$        |          |                          |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.                           | R OF CABL   | E SYSTEM:             |                                     |                       |          | SY               | STEM ID# | Name                      |
|--|---|-----------------------|-------------------------------------|-----------------------|----------|------------------|----------|---------------------------|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP |   |                       |                                     |                       |          |                  |          |                           |
|  | D NINTH   | SUBSCRIBER GROU       |                                     |                       | ED TENTH | 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 Fee             |
|  |   |                       |                                     |                       |          | _                |          | and                       |
|  |   |                       |                                     |                       |          |                  |          | Syndicated<br>Exclusivity |
|  |   |                       |                                     |                       |          |                  |          | Surcharge                 |
|  |   |                       |                                     |                       |          | _                |          | for                       |
|  |   |                       |                                     |                       |          |                  |          | Partially                 |
|  |   |                       |                                     |                       |          |                  |          | Distant                   |
|  |   |                       |                                     |                       |          |                  |          | Stations                  |
|  |   |                       |                                     |                       |          |                  |          |                           |
|  |   |                       |                                     |                       |          |                  |          |                           |
|  |   |                       |                                     |                       |          |                  |          |                           |
|  |   |                       |                                     |                       |          |                  |          |                           |
|  |   |                       |                                     |                       |          |                  | 0.00     |                           |
| Total DSEs   |   |                       | 0.00                                | Total DSEs            |          |                  |          |                           |
| Gross Receipts First Gr  | oup   | \$                    | 0.00                                | Gross Receipts Secon  | d Group  | \$               | 0.00     |                           |
| Base Rate Fee First Group \$ 0.00                                |   |                       |                                     | Base Rate Fee Secon   |          | \$               | 0.00     |                           |
|  | EVENTH  | SUBSCRIBER GROU       |                                     | ONE HUNDRED           |          |                  |          |                           |
| COMMUNITY/ AREA  |   |                       | 0                                   | COMMUNITY/ AREA       |          |                  |          |                           |
| CALL SIGN  | DSE   | CALL SIGN             | DSE                                 | CALL SIGN             | DSE      | CALL SIGN        | DSE      |                           |
|  |   |                       |                                     |                       |          |                  |          |                           |
|  |   |                       |                                     |                       |          | <u> </u>         |          |                           |
|  |   |                       |                                     |                       |          | _                |          |                           |
|  |   |                       |                                     |                       |          |                  |          |                           |
|  |   |                       |                                     |                       |          | _                |          |                           |
|  |   |                       |                                     |                       |          |                  |          |                           |
|  |   |                       |                                     |                       |          |                  |          |                           |
|  |   | ]                     |                                     |                       |          |                  |          |                           |
|  |   |                       |                                     |                       |          |                  |          |                           |
|  |   |                       |                                     |                       |          |                  |          |                           |
|  |   |                       |                                     |                       | <b>.</b> |                  |          |                           |
|  |   |                       |                                     |                       |          |                  |          |                           |
| Total DSEs   |   |                       | 0.00                                | Total DSEs            |          |                  | 0.00     |                           |
| Gross Receipts Third Group \$ 0.00                               |   | 0.00                  | Gross Receipts Fourth Group \$ 0.00 |                       | 0.00     |                  |          |                           |
|  |   |                       |                                     |                       |          |                  |          |                           |
| Base Rate Fee Third Group \$                                     |   | 0.00                  | Base Rate Fee Fourth                | Group                 | \$       | 0.00             |          |                           |
| Base Rate Fee: Add the   | hase rat  | e fees for each subsc | riber aroun                         | as shown in the hoves | above    |                  |          |                           |
|  | Enter here and in block 3, line 1, space L (page 7) |                       |                                     |                       |          | \$               |          |                           |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.   | R OF CABL | E SYSTEM:        |                                    |                         |            | SY        | STEM ID#      | Name                      |
|--|-----------|------------------|------------------------------------|-------------------------|------------|-----------|---------------|---------------------------|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP   |           |                  |                                    |                         |            |           |               |                           |
| ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH 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 Fee             |
|  |           |                  |                                    |                         |            | -         |               | and                       |
|  |           |                  |                                    |                         |            |           |               | Syndicated<br>Exclusivity |
|  |           |                  |                                    |                         |            |           |               | Surcharge                 |
|  |           |                  |                                    |                         |            |           |               | for                       |
|  |           |                  |                                    |                         |            | -         |               | Partially                 |
|  |           |                  |                                    |                         |            |           |               | Distant<br>Stations       |
|  |           |                  |                                    |                         |            |           |               | Stations                  |
|  |           |                  |                                    |                         |            |           |               |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
|  |           |                  |                                    |                         |            |           | <mark></mark> |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
| Total DSEs   | L         |                  | 0.00                               | Total DSEs              | . <u>.</u> | <u> </u>  | 0.00          |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
| Gross Receipts First Gr  | oup       | <u>\$</u>        | 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  |                                    | ONE HUNDRED S           |            |           |               |                           |
| COMMUNITY/ AREA  |           |                  | 0                                  | COMMUNITY/ AREA         |            |           |               |                           |
| CALL SIGN  | DSE       | CALL SIGN        | DSE                                | CALL SIGN               | DSE        | CALL SIGN | DSE           |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
|  |           | -                |                                    |                         |            |           |               |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
|  |           |                  |                                    |                         |            | _         |               |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
|  |           |                  |                                    |                         |            |           |               |                           |
| Total DSEs   |           |                  | 0.00                               | Total DSEs              |            |           | 0.00          |                           |
| Gross Receipts Third Group \$ 0.00   |           | 0.00             | Gross Receipts Fourth              | Group                   | \$         | 0.00      |               |                           |
|  |           |                  | Base Rate Fee Fourth Group \$ 0.00 |                         |            |           |               |                           |
| Base Rate Fee Third Group \$ 0.00  |           |                  |                                    |                         |            | 0.00      | 0.00          |                           |
| Baco Data East Add the   | hann      | n for each other | iber group                         | as shown in the house   | above      |           |               |                           |
| Base Rate Fee: Add the base rate fees for each subscriber group<br>Enter here and in block 3, line 1, space L (page 7) |           |                  |                                    | as shown in the boxes a |            | \$        |               |                           |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CABI  | LE SYSTEM:             |             |                         |          | SY               | STEM ID#      | Name                      |
|---------------------------------------|------------|------------------------|-------------|-------------------------|----------|------------------|---------------|---------------------------|
|                                       |            |                        |             | TE FEES FOR EACH        |          |                  |               |                           |
| ONE HUNDRED SEVEN                     | ITEENTH    | SUBSCRIBER GROU        | JP<br>0     | ONE HUNDRED EIG         | HTEENTH  | SUBSCRIBER GROUF | ٥<br>٥        | 9                         |
| CALL SIGN                             | DSE        | CALL SIGN              | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE           | Computation<br>of         |
|                                       | DOL        |                        | DOL         |                         | DOL      |                  | DOL           | Base Rate Fee             |
|                                       |            |                        |             |                         |          |                  |               | and                       |
|                                       |            |                        |             |                         |          |                  |               | Syndicated<br>Exclusivity |
|                                       |            |                        |             |                         |          |                  |               | Surcharge                 |
|                                       |            | =                      |             |                         |          |                  |               | for                       |
|                                       |            |                        |             |                         |          |                  |               | Partially                 |
|                                       |            |                        |             |                         |          |                  |               | Distant<br>Stations       |
|                                       |            |                        |             |                         |          |                  |               | Stations                  |
|                                       |            | +                      |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          | -                |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
| Total DSEs                            |            |                        | 0.00        | Total DSEs              |          |                  | 0.00          |                           |
| Gross Receipts First Gr               | oup        | \$                     | 0.00        | Gross Receipts Secon    | d Group  | <u>\$</u>        | 0.00          |                           |
| Base Rate Fee First Gr                |            | \$                     | 0.00        | Base Rate Fee Secon     |          | \$               | 0.00          |                           |
|                                       | ITEENTH    | SUBSCRIBER GROU        |             |                         | VENTIETH | SUBSCRIBER GROUP | <u>ہ</u><br>0 |                           |
| COMMUNITY/ AREA                       |            |                        | 0           | COMMUNITY/ AREA         |          |                  |               |                           |
| CALL SIGN                             | DSE        | CALL SIGN              | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE           |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
|                                       |            |                        |             |                         |          |                  |               |                           |
| Total DSEs                            |            |                        | 0.00        | Total DSEs              |          |                  | 0.00          |                           |
| Gross Receipts Third G                | iroup      | \$                     | 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 th                 | e base rat | te fees for each subso | riber aroup | as shown in the boxes a | above.   |                  |               |                           |
| Enter here and in block               |            |                        | U - F       |                         |          | \$               |               |                           |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | R OF CABL | LE SYSTEM:       |             |                       |           | SY               | STEM ID#      | Name                      |
|--|-----------|------------------|-------------|-----------------------|-----------|------------------|---------------|---------------------------|
|  |           |                  |             | TE FEES FOR EACH      |           |                  |               |                           |
| ONE HUNDRED TWEN                               | TY-FIRST  | SUBSCRIBER GROU  |             | ONE HUNDRED TWENT     | TY-SECOND | 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 Fee             |
|  |           |                  |             |                       |           |                  |               | and<br>Sundianted         |
|  |           |                  |             |                       |           |                  |               | Syndicated<br>Exclusivity |
|  |           |                  |             |                       |           |                  |               | Surcharge                 |
|  |           |                  |             |                       |           | -                |               | for                       |
|  |           |                  |             |                       |           |                  |               | Partially<br>Distant      |
|  |           |                  |             |                       |           |                  |               | Stations                  |
|  |           |                  |             |                       |           | -                |               |                           |
|  |           |                  |             |                       |           |                  |               |                           |
|  |           |                  |             |                       |           | -                |               |                           |
|  |           |                  |             |                       |           |                  |               |                           |
|  |           |                  |             |                       |           |                  |               |                           |
| Total DSEs                                     |           |                  | 0.00        | Total DSEs            |           |                  | 0.00          |                           |
| Gross Receipts First Gr                        | oup       | \$               | 0.00        | Gross Receipts Secor  | d Group   | \$               | 0.00          |                           |
|  |           |                  |             |                       |           |                  |               |                           |
| Base Rate Fee First Gro                        |           | \$               | 0.00        | Base Rate Fee Secon   |           | \$               | 0.00          |                           |
|  | TY-THIRD  | SUBSCRIBER GROUP | 0           |                       | TY-FOURTH | SUBSCRIBER GROUP | 0             |                           |
| COMMUNITY/ AREA                                |           |                  | U           | COMMUNITY/ AREA       |           |                  |               |                           |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE         | CALL SIGN             | DSE       | CALL SIGN        | DSE           |                           |
|  |           |                  |             |                       |           | _                |               |                           |
|  |           |                  |             |                       |           |                  |               |                           |
|  |           |                  |             |                       |           |                  |               |                           |
|  |           |                  |             |                       |           |                  |               |                           |
|  |           |                  |             |                       |           |                  | <mark></mark> |                           |
|  |           |                  |             |                       |           |                  | <mark></mark> |                           |
|  |           |                  |             |                       |           |                  |               |                           |
|  |           |                  |             |                       |           | -                |               |                           |
|  |           |                  |             |                       |           |                  |               |                           |
|  |           |                  |             |                       |           |                  | <mark></mark> |                           |
|  |           |                  |             |                       |           |                  |               |                           |
|  |           |                  |             |                       |           |                  |               |                           |
| 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.    | \$               |               |                           |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.            | R OF CABI | LE SYSTEM:       |             |  |            | SY                 | STEM ID# | Name                      |
|---|-----------|------------------|-------------|--|------------|--------------------|----------|---------------------------|
| BL<br>ONE HUNDRED TWEN<br>COMMUNITY/ AREA         |           |                  | BASE RA     | TE FEES FOR EACH<br>ONE HUNDRED TWE<br>COMMUNITY/ AREA |            | RIBER GROUP        | 0        | 9                         |
|   |           |                  |             |  |            |                    |          | Computation               |
| CALL SIGN   | DSE       | CALL SIGN        | DSE         | CALL SIGN  | DSE        | CALL SIGN          | DSE      | of<br>Base Rate Fee       |
|   |           |                  |             |  |            |                    |          | and                       |
|   |           |                  |             |  |            |                    |          | Syndicated<br>Exclusivity |
|   |           |                  |             |  |            |                    |          | Surcharge                 |
|   |           |                  |             |  |            |                    |          | for                       |
|   |           | -                |             |  |            |                    |          | Partially<br>Distant      |
|   |           | -                |             |  |            |                    |          | Stations                  |
|   |           |                  |             |  |            |                    |          |                           |
|   |           |                  |             |  |            |                    |          |                           |
|   |           |                  |             |  |            |                    |          |                           |
|   |           |                  |             |  |            |                    |          |                           |
| Total DSEs  |           |                  | 0.00        | Total DSEs   | 1          | 11                 | 0.00     |                           |
| Gross Receipts First Gr                           | oup       | \$               | 0.00        | Gross Receipts Secor                                   | d Group    | \$                 | 0.00     |                           |
| Base Rate Fee First Gr                            | oup       | \$               | 0.00        | Base Rate Fee Secon                                    | d Group    | \$                 | 0.00     |                           |
| NE HUNDRED TWENTY-                                | SEVENTH   | SUBSCRIBER GROUP |             | ONE HUNDRED TWEN                                       | ITY-EIGHTH | I SUBSCRIBER GROUP |          |                           |
| COMMUNITY/ AREA                                   |           |                  | 0           | COMMUNITY/ AREA  |            |                    |          |                           |
| CALL SIGN   | DSE       | CALL SIGN        | DSE         | CALL SIGN  | DSE        | CALL SIGN          | DSE      |                           |
|   |           |                  |             |  |            |                    |          |                           |
|   |           |                  |             |  |            |                    |          |                           |
|   |           |                  |             |  |            | •                  |          |                           |
|   |           |                  |             |  |            |                    |          |                           |
|   |           |                  |             |  |            |                    |          |                           |
|   |           |                  |             |  |            |                    |          |                           |
|   |           |                  |             |  |            |                    |          |                           |
|   |           |                  |             |  |            |                    |          |                           |
|   |           | -                |             |  |            |                    |          |                           |
|   |           |                  |             |  |            |                    |          |                           |
| Total DSEs  |           |                  | 0.00        | Total DSEs   | 1          |                    | 0.00     |                           |
| Gross Receipts Third G                            | roup      | \$               | 0.00        | Gross Receipts Fourth                                  | n Group    | \$                 | 0.00     |                           |
| Base Rate Fee Third G                             | roup      | \$               | 0.00        | Base Rate Fee Fourth                                   | n Group    | \$                 | 0.00     |                           |
| Base Rate Fee: Add the<br>Enter here and in block |           |                  | riber group | as shown in the boxes                                  | above.     | \$                 |          |                           |

| CABLE ONE, INC.           |                    |          |                             |            |                   |          | Nam             |
|---------------------------|--------------------|----------|-----------------------------|------------|-------------------|----------|-----------------|
|                           |                    |          | 11                          |            |                   |          |                 |
| ONE HUNDRED TWENTY-NIN    | TH SUBSCRIBER GROU | 0<br>0   | COMMUNITY/ ARE              |            | I SUBSCRIBER GROU | <u>م</u> | 9               |
|                           |                    |          |                             |            |                   |          | Comput          |
| CALL SIGN DSE             | CALL SIGN          | DSE      | CALL SIGN                   | DSE        | CALL SIGN         | DSE      | of              |
|                           |                    |          |                             |            |                   |          | Base Rat<br>and |
|                           |                    |          |                             |            |                   |          | Syndica         |
|                           |                    |          |                             |            |                   |          | Exclusi         |
|                           |                    |          |                             |            |                   |          | Surcha          |
|                           |                    |          |                             | ····       | •                 |          | for<br>Partial  |
|                           |                    |          |                             |            |                   |          | Distar          |
|                           |                    |          |                             |            |                   |          | Statio          |
|                           |                    |          |                             |            |                   |          |                 |
|                           |                    |          |                             |            |                   |          |                 |
|                           |                    |          |                             |            |                   |          |                 |
|                           |                    |          |                             |            |                   |          |                 |
|                           |                    | 0.00     |                             |            | 11                | 0.00     |                 |
| 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  | \$                 | 0.00     | Base Rate Fee Sec           | ond Group  | \$                | 0.00     |                 |
|                           |                    |          |                             |            |                   |          |                 |
| ONE HUNDRED THIRTY-FIR    | ST SUBSCRIBER GROU | IP       | ONE HUNDRED TH              | RTY-SECONE | ) SUBSCRIBER GROU | P        |                 |
|                           | ST SUBSCRIBER GROU | JP<br>0  | ONE HUNDRED TH              |            | ) SUBSCRIBER GROU | P        |                 |
| OMMUNITY/ AREA            | ST SUBSCRIBER GROU |          | 1                           |            | O SUBSCRIBER GROU |          |                 |
| DMMUNITY/ AREA            |                    | 0        | COMMUNITY/ ARE              | A          |                   | 0        |                 |
| DMMUNITY/ AREA            |                    | 0        | COMMUNITY/ ARE              | A          |                   | 0        |                 |
| DMMUNITY/ AREA            |                    | 0        | COMMUNITY/ ARE              | A          |                   | 0        |                 |
| OMMUNITY/ AREA            |                    | 0        | COMMUNITY/ ARE              | A          |                   | 0        |                 |
| OMMUNITY/ AREA            |                    | 0        | COMMUNITY/ ARE              | A          |                   | 0        |                 |
| OMMUNITY/ AREA            |                    | 0        | COMMUNITY/ ARE              | A          |                   | 0        |                 |
| OMMUNITY/ AREA            |                    | 0        | COMMUNITY/ ARE              | A          |                   | 0        |                 |
| OMMUNITY/ AREA            |                    | 0        | COMMUNITY/ ARE              | A          |                   | 0        |                 |
| OMMUNITY/ AREA            |                    | 0        | COMMUNITY/ ARE              | A          |                   | 0        |                 |
| OMMUNITY/ AREA            |                    | 0        | COMMUNITY/ ARE              | A          |                   | 0        |                 |
| OMMUNITY/ AREA            |                    | 0        | COMMUNITY/ ARE              | A          |                   | 0        |                 |
| OMMUNITY/ AREA            |                    | 0        | COMMUNITY/ ARE              | A          |                   | 0        |                 |
| OMMUNITY/ AREA            |                    | 0<br>DSE | COMMUNITY/ ARE<br>CALL SIGN | A DSE      | CALL SIGN         | 0<br>DSE |                 |
| OMMUNITY/ AREA            |                    | 0<br>DSE | COMMUNITY/ ARE              | A DSE      |                   | 0<br>DSE |                 |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | R OF CABL | E SYSTEM:        |             |                          |          | S                | YSTEM ID#     | Name              |
|--|-----------|------------------|-------------|--------------------------|----------|------------------|---------------|-------------------|
|  |           |                  | BASE RA     | TE FEES FOR EACH         |          |                  |               |                   |
|  | TY-THIRD  | 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 Fee     |
|  |           |                  |             |                          |          |                  |               | and<br>Syndicated |
|  |           | _                |             |                          |          |                  |               | Exclusivity       |
|  |           |                  |             |                          |          |                  |               | Surcharge         |
|  |           |                  |             |                          |          |                  |               | for<br>Partially  |
|  |           |                  |             |                          |          |                  |               | Distant           |
|  |           |                  |             |                          |          |                  |               | Stations          |
|  |           |                  |             |                          |          |                  |               |                   |
|  |           |                  |             |                          |          |                  |               |                   |
|  |           |                  |             |                          |          |                  |               |                   |
|  |           |                  |             |                          |          |                  |               |                   |
| Total DSEs                                     | <u> </u>  |                  | 0.00        | Total DSEs               |          |                  | 0.00          |                   |
| Gross Receipts First Gr                        | oup       | \$               | 0.00        | Gross Receipts Seco      | nd Group | \$               | 0.00          |                   |
|  |           |                  |             |                          |          |                  |               |                   |
| Base Rate Fee First Gr                         |           | \$               | 0.00        | Base Rate Fee Secon      |          | \$               | 0.00          |                   |
|  | RTY-FIFTH | SUBSCRIBER GROUP | 0           |                          |          | SUBSCRIBER GROUP | 0             |                   |
| COMMUNITY/ AREA                                |           |                  | 0           | COMMUNITY/ AREA          |          |                  |               |                   |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE         | CALL SIGN                | DSE      | CALL SIGN        | DSE           |                   |
|  |           |                  |             |                          |          |                  |               |                   |
|  |           |                  |             |                          |          |                  |               |                   |
|  |           |                  |             |                          |          |                  |               |                   |
|  |           |                  |             |                          |          |                  |               |                   |
|  |           |                  |             |                          |          |                  |               |                   |
|  |           |                  |             |                          |          |                  |               |                   |
|  |           |                  |             |                          |          |                  |               |                   |
|  |           |                  |             |                          |          |                  | <mark></mark> |                   |
|  |           |                  |             |                          |          |                  | •••           |                   |
|  |           |                  |             |                          |          |                  |               |                   |
|  |           |                  |             |                          |          |                  |               |                   |
| Total DSEs                                     |           |                  | 0.00        | Total DSEs               |          |                  | 0.00          |                   |
|  |           | •                |             |                          | h 0      |                  |               |                   |
| Gross Receipts Third G                         | roup      | \$               | 0.00        | Gross Receipts Fourt     | п Group  | \$               | 0.00          |                   |
| Base Rate Fee Third G                          | roup      | \$               | 0.00        | Base Rate Fee Fourt      | h Group  | \$               | 0.00          |                   |
| Base Rate Fee: Add the Enter here and in block |           |                  | riber group | II as shown in the boxes | above.   | \$               |               |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |  |                  |             |                         |            |                  |      | Name                      |
|---|--|------------------|-------------|-------------------------|------------|------------------|------|---------------------------|
| BL  | OCK A: (                                     | COMPUTATION OF   | BASE RA     | TE FEES FOR EACH        | ISUBSCR    | IBER GROUP       |      |                           |
| ONE HUNDRED THIRTY-   | SEVENTH                                      | SUBSCRIBER GROUP |             |                         | RTY-EIGHTH | 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 Fee             |
|   |  |                  |             |                         |            |                  |      | and<br>Syndicated         |
|   |  |                  |             |                         |            |                  |      | Syndicated<br>Exclusivity |
|   |  |                  |             |                         |            |                  |      | Surcharge                 |
|   |  |                  |             |                         |            |                  |      | for                       |
|   |  |                  |             |                         |            |                  |      | Partially<br>Distant      |
|   |  |                  |             |                         |            |                  |      | Stations                  |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
| Total DSEs  |  |                  | 0.00        | Total DSEs              |            |                  | 0.00 |                           |
| Gross Receipts First Gr   | roup   | <u>\$</u>        | 0.00        | Gross Receipts Secor    | id Group   | \$               | 0.00 |                           |
| Base Rate Fee First Gr  |  | \$               | 0.00        | Base Rate Fee Secon     |            | \$               | 0.00 |                           |
|   | TY-NINTH                                     | SUBSCRIBER GROUP | 0           | 1                       | FORTIETH   | SUBSCRIBER GROU  |      |                           |
| COMMUNITY/ AREA   |  |                  | 0           | COMMUNITY/ AREA         | 0          |                  |      |                           |
| CALL SIGN   | DSE  | CALL SIGN        | DSE         | CALL SIGN               | DSE        | CALL SIGN        | DSE  |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
|   |  |                  |             |                         |            |                  |      |                           |
| Total DSEs  | <u>.                                    </u> |                  | 0.00        | Total DSEs              |            |                  | 0.00 |                           |
| Gross Receipts Third G  | iroup  | \$               | 0.00        | Gross Receipts Fourth   | n Group    | \$               | 0.00 |                           |
| Base Rate Fee Third G   | iroup  | \$               | 0.00        | Base Rate Fee Fourth    | n Group    | \$               | 0.00 |                           |
| Base Rate Fee: Add th<br>Enter here and in block                |  |                  | riber group | as shown in the boxes a | above.     | \$               |      |                           |

| LEGAL NAME OF OWNE                             |                | LE SYSTEM:      |               |                      |             | S                  | SYSTEM ID#    | Name                   |
|--|----------------|-----------------|---------------|----------------------|-------------|--------------------|---------------|------------------------|
|  |                |                 |               | TE FEES FOR EAG      |             |                    |               |                        |
|  | RTY-FIRST      | SUBSCRIBER GROU |               |                      |             | SUBSCRIBER GROUP   |               | 9                      |
| COMMUNITY/ AREA                                |                |                 | 0             | COMMUNITY/ ARE       | A           |                    | 0             | Computati              |
| CALL SIGN                                      | DSE            | CALL SIGN       | DSE           | CALL SIGN            | DSE         | CALL SIGN          | DSE           | of                     |
|  |                |                 |               |                      |             |                    |               | Base Rate              |
|  | <mark></mark>  |                 |               |                      |             |                    |               | and                    |
|  | <mark>.</mark> |                 | <mark></mark> |                      |             | •                  |               | Syndicate<br>Exclusivi |
|  | ···            |                 | ···           |                      |             | ++                 |               | Surcharg               |
|  |                |                 |               |                      |             |                    |               | for                    |
|  |                |                 |               |                      |             |                    |               | Partially              |
|  | <mark>.</mark> |                 |               |                      |             |                    |               | Distant                |
|  | ··             |                 | <mark></mark> |                      | •••••       | •                  |               | Stations               |
|  | •              |                 | <b></b>       |                      |             |                    |               |                        |
|  |                |                 |               |                      |             |                    |               |                        |
|  | <mark></mark>  |                 |               |                      |             |                    |               |                        |
|  | <mark></mark>  |                 |               |                      |             |                    |               |                        |
|  | ļ              | 11              | 0.00          |                      |             | 11                 | 0.00          |                        |
| Total DSEs                                     |                |                 | 0.00          | Total DSEs           |             |                    | 0.00          |                        |
| Gross Receipts First G                         | iroup          | \$              | 0.00          | Gross Receipts Sec   | cond Group  | \$                 | 0.00          |                        |
| 3ase Rate Fee First G                          | roup           | \$              | 0.00          | Base Rate Fee Sec    | cond Group  | \$                 | 0.00          |                        |
| ONE HUNDRED FO                                 | RTY-THIRD      | SUBSCRIBER GROU | Р             | ONE HUNDRED FO       | ORTY-FOURTH | I SUBSCRIBER GROUP | þ             |                        |
| COMMUNITY/ AREA                                |                |                 | 0             | COMMUNITY/ ARE       |             |                    |               |                        |
| CALL SIGN                                      | DSE            | CALL SIGN       | DSE           | CALL SIGN            | DSE         | CALL SIGN          | DSE           |                        |
|  |                | •               |               |                      | ·····       |                    |               |                        |
|  | ••             |                 |               |                      |             |                    |               |                        |
|  |                |                 |               |                      |             |                    |               |                        |
|  |                | ]               |               |                      |             |                    |               |                        |
|  | <mark>.</mark> |                 |               |                      |             |                    |               |                        |
|  | <mark></mark>  |                 |               |                      |             |                    |               |                        |
|  |                |                 |               |                      |             |                    |               |                        |
|  |                |                 |               |                      |             |                    |               |                        |
|  |                |                 |               |                      |             |                    | <mark></mark> |                        |
|  | <mark></mark>  |                 | •••           |                      |             |                    | ·····         |                        |
|  |                |                 |               |                      |             |                    |               |                        |
|  |                |                 |               |                      |             |                    |               |                        |
| Total DSEs                                     |                |                 | 0.00          | Total DSEs           |             |                    | 0.00          |                        |
| Gross Receipts Third (                         | Group          | \$              | 0.00          | Gross Receipts Fou   | irth Group  | \$                 | 0.00          |                        |
| -  | -              |                 |               |                      | ·           |                    |               |                        |
| Base Rate Fee Third (                          | Group          | \$              | 0.00          | Base Rate Fee Fou    | irth Group  | \$                 | 0.00          |                        |
| Base Rate Fee: Add the Enter here and in block |                |                 | scriber group | as shown in the boxe | es above.   | \$                 |               |                        |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC.           | R OF CABI | LE SYSTEM:       |             |                       |               | S                  | YSTEM ID# | Name                      |
|--|-----------|------------------|-------------|-----------------------|---------------|--------------------|-----------|---------------------------|
| BL   | OCK A: (  | COMPUTATION OF   | BASE RA     | ATE FEES FOR EAC      | H SUBSCF      | RIBER GROUP        |           |                           |
| ONE HUNDRED FOR                                  | TY-FIFTH  | SUBSCRIBER GROUP |             | ONE HUNDRED F         | ORTY-SIXTH    | I SUBSCRIBER GROUP | •         | 9                         |
| COMMUNITY/ AREA                                  |           |                  | 0           | COMMUNITY/ AREA       |               |                    | 0         | <b>J</b><br>Computation   |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN             | DSE           | CALL SIGN          | DSE       | of                        |
|  |           |                  |             |                       |               |                    |           | Base Rate Fee             |
|  |           |                  |             |                       |               |                    |           | and<br>Ourselise stand    |
|  |           |                  |             |                       |               |                    |           | Syndicated<br>Exclusivity |
|  |           |                  |             |                       | ···           |                    |           | Surcharge                 |
|  |           |                  |             |                       |               |                    |           | for                       |
|  |           |                  |             |                       |               |                    |           | Partially                 |
|  |           |                  |             |                       |               |                    |           | Distant                   |
|  |           |                  |             |                       |               | •                  |           | Stations                  |
|  |           |                  |             |                       |               | •                  |           |                           |
|  |           |                  |             |                       |               |                    |           |                           |
|  |           |                  |             | ][                    |               | Π                  |           |                           |
|  |           |                  |             |                       |               |                    |           |                           |
|  |           |                  |             |                       |               |                    |           |                           |
| Total DSEs                                       |           |                  | 0.00        | Total DSEs            |               |                    | 0.00      |                           |
| Gross Receipts First Gro                         | pup       | \$               | 0.00        | Gross Receipts Seco   | nd Group      | \$                 | 0.00      |                           |
| Base Rate Fee First Gro                          | oup       | \$               | 0.00        | Base Rate Fee Seco    | nd Group      | \$                 | 0.00      |                           |
| ONE HUNDRED FORTY-S                              | SEVENTH   | SUBSCRIBER GROUP |             | ONE HUNDRED FO        | RTY-EIGHTH    | I SUBSCRIBER GROUP | )         |                           |
| COMMUNITY/ AREA                                  |           |                  | 0           | COMMUNITY/ AREA       |               |                    |           |                           |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN             | DSE           | CALL SIGN          | DSE       |                           |
|  |           |                  |             |                       | <mark></mark> | •                  |           |                           |
|  |           |                  |             |                       | ···           |                    |           |                           |
|  |           |                  |             |                       |               |                    |           |                           |
|  |           |                  |             |                       |               |                    |           |                           |
|  |           |                  |             |                       |               |                    |           |                           |
|  |           |                  |             |                       |               | •                  |           |                           |
|  |           |                  |             |                       | <b></b>       |                    |           |                           |
|  |           |                  |             |                       |               |                    |           |                           |
|  |           |                  |             |                       |               |                    |           |                           |
|  |           |                  |             |                       |               |                    |           |                           |
|  |           |                  |             |                       | <mark></mark> |                    |           |                           |
|  |           |                  |             |                       | <b></b>       | •                  |           |                           |
| Total DSEs                                       |           |                  | 0.00        | Total DSEs            |               | 11                 | 0.00      |                           |
| Gross Receipts Third Gr                          | oup       | \$               | 0.00        | Gross Receipts Fourt  | th Group      | \$                 | 0.00      |                           |
|  |           |                  |             |                       |               |                    |           |                           |
| Base Rate Fee Third Gr                           | oup       | \$               | 0.00        | Base Rate Fee Fourt   | h Group       | \$                 | 0.00      |                           |
| Base Rate Fee: Add the Enter here and in block 3 |           |                  | riber group | as shown in the boxes | above.        | \$                 |           |                           |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.            | R OF CABI | LE SYSTEM:      |             |                         |          | SY               | STEM ID# | Name                      |
|---|-----------|-----------------|-------------|-------------------------|----------|------------------|----------|---------------------------|
|   |           |                 |             | TE FEES FOR EACH        |          |                  |          |                           |
| ONE HUNDRED FORT                                  | Y-NINTH   | SUBSCRIBER GROU |             |                         | FIFTIETH | 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 Fee             |
|   |           |                 |             |                         |          |                  |          | and                       |
|   |           |                 |             |                         |          |                  |          | Syndicated<br>Exclusivity |
|   |           |                 |             |                         |          |                  |          | Surcharge                 |
|   |           |                 |             |                         |          |                  |          | for                       |
|   |           |                 |             |                         |          |                  |          | Partially                 |
|   |           |                 |             |                         |          |                  |          | Distant                   |
|   |           |                 |             |                         |          |                  |          | Stations                  |
|   |           |                 |             |                         |          |                  | ·····    |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
| 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                            |           | \$              | 0.00        | Base Rate Fee Secon     | d Group  | \$               | 0.00     |                           |
| ONE HUNDRED FIFT                                  | Y-FIRST   | SUBSCRIBER GROU |             |                         | -SECOND  | SUBSCRIBER GROUP | <b>)</b> |                           |
| COMMUNITY/ AREA                                   |           |                 | 0           | COMMUNITY/ AREA         |          |                  | 0        |                           |
| CALL SIGN   | DSE       | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE      |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           | -               |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 |             |                         |          |                  |          |                           |
|   |           |                 | 0.00        |                         |          | 11               | 0.00     |                           |
| Total DSEs  |           |                 | 0.00        | Total DSEs              |          |                  |          |                           |
| 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<br>Enter here and in block |           |                 | riber group | as shown in the boxes a | above.   | \$               |          |                           |

| CABLE ONE, INC.             |       |                |          |                              |           |                  |          |
|-----------------------------|-------|----------------|----------|------------------------------|-----------|------------------|----------|
| BLOC<br>ONE HUNDRED FIFTY-T |       |                |          | TE FEES FOR EACH             |           |                  | IIP      |
| COMMUNITY/ AREA             |       |                | 0        | COMMUNITY/ AREA              |           |                  | 0        |
| CALL SIGN D                 | SE    | CALL SIGN      | DSE      | CALL SIGN                    | DSE       | CALL SIGN        | DSE      |
|                             |       |                |          |                              |           |                  |          |
|                             |       |                |          |                              |           | •                |          |
|                             |       |                |          |                              |           |                  |          |
|                             |       |                |          |                              |           |                  |          |
|                             |       |                |          |                              |           |                  |          |
|                             |       |                |          |                              |           |                  |          |
|                             |       |                |          |                              |           |                  |          |
|                             |       |                |          |                              |           |                  |          |
|                             |       |                |          |                              |           |                  |          |
|                             |       |                |          |                              |           | •                |          |
|                             |       |                |          |                              |           |                  |          |
| tal DSEs                    |       |                | 0.00     | Total DSEs                   | •         |                  | 0.00     |
| oss Receipts First Group    |       | \$             | 0.00     | Gross Receipts Secor         | nd Group  | \$               | 0.00     |
|                             |       |                |          |                              | ·         |                  |          |
| se Rate Fee First Group     |       | \$             | 0.00     | Base Rate Fee Secor          | nd Group  | \$               | 0.00     |
| ONE HUNDRED FIFTY-F         | FIFTH | SUBSCRIBER GRO | UP       | ONE HUNDRED FI               | FTY-SIXTH | I SUBSCRIBER GRO | UP       |
|                             |       |                | •        |                              |           |                  |          |
| MMUNITY/ AREA               |       |                | 0        | COMMUNITY/ AREA              |           |                  | 0        |
|                             | SE    | CALL SIGN      | 0<br>DSE | COMMUNITY/ AREA<br>CALL SIGN | DSE       | CALL SIGN        |          |
|                             | SE    | CALL SIGN      | 1        |                              |           |                  | 0        |
|                             | SE    | CALL SIGN      | 1        |                              |           |                  | 0        |
|                             | SE    | CALL SIGN      | 1        |                              |           |                  | 0        |
|                             | SE    | CALL SIGN      | 1        |                              |           |                  | 0        |
|                             | SE    | CALL SIGN      | 1        |                              |           |                  | 0        |
|                             | SE    | CALL SIGN      | 1        |                              |           |                  | 0        |
|                             | SE    | CALL SIGN      | 1        |                              |           |                  | 0        |
|                             | SE    | CALL SIGN      | 1        |                              |           |                  | 0        |
|                             | SE    | CALL SIGN      | 1        |                              |           |                  | 0        |
|                             | SE    | CALL SIGN      | 1        |                              |           |                  | 0        |
|                             | SE    | CALL SIGN      | 1        |                              |           |                  | 0        |
| CALL SIGN D                 | SE    | CALL SIGN      | 1        |                              |           |                  | 0        |
| CALL SIGN D                 |       | CALL SIGN      | DSE      | CALL SIGN                    | DSE       |                  | 0<br>DSE |
| OMMUNITY/ AREA              |       |                | DSE      | CALL SIGN                    | DSE       | CALL SIGN        | 0<br>DSE |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC. | R OF CABL | LE SYSTEM:      |         |                    |              | 5                  | SYSTEM ID# | I       |
|---------------------------------------|-----------|-----------------|---------|--------------------|--------------|--------------------|------------|---------|
|                                       |           |                 |         | TE FEES FOR EA     |              |                    |            |         |
| ONE HUNDRED FIFTY                     | SEVENTH   | SUBSCRIBER GROU | JP<br>0 | 11                 |              | I SUBSCRIBER GROUP | <u> </u>   |         |
|                                       |           |                 |         | COMMUNITY/ ARE     | A            |                    |            | Cor     |
| CALL SIGN                             | DSE       | CALL SIGN       | DSE     | CALL SIGN          | DSE          | CALL SIGN          | DSE        |         |
|                                       |           |                 |         |                    |              |                    |            | Bas     |
|                                       |           |                 |         |                    |              |                    |            | Sy      |
|                                       |           |                 |         |                    |              |                    |            | Ex      |
|                                       |           |                 |         |                    |              |                    |            | Su      |
|                                       |           |                 |         |                    | ·····        |                    | ·····      | Б       |
|                                       |           |                 | ····    |                    | ·····        |                    |            | Pa<br>D |
|                                       |           |                 |         |                    |              |                    |            | St      |
|                                       |           |                 |         |                    |              |                    |            |         |
|                                       |           |                 |         |                    | •••••        |                    |            |         |
|                                       |           |                 |         |                    |              |                    |            |         |
|                                       |           |                 |         |                    |              |                    |            |         |
|                                       |           |                 |         |                    |              |                    |            |         |
| otal DSEs                             |           |                 | 0.00    | Total DSEs         |              |                    | 0.00       |         |
| ross Receipts First G                 | roup      | \$              | 0.00    | Gross Receipts Sec | cond Group   | \$                 | 0.00       |         |
| <b>ase Rate Fee</b> First Gi          | oup       | \$              | 0.00    | Base Rate Fee Sec  | ond Group    | \$                 | 0.00       |         |
| ONE HUNDRED FIF                       | TY-NINTH  | SUBSCRIBER GROU | JP      | ONE HUND           | RED SIXTIETH | SUBSCRIBER GROUP   | D          |         |
| OMMUNITY/ AREA                        |           |                 | 0       |                    |              |                    |            |         |
| CALL SIGN                             | DSE       | CALL SIGN       | DSE     | CALL SIGN          | DSE          | CALL SIGN          | DSE        |         |
|                                       |           |                 |         |                    | ·····        |                    |            |         |
|                                       |           |                 |         |                    |              |                    |            |         |
|                                       |           |                 |         |                    |              |                    |            |         |
|                                       |           |                 |         |                    |              |                    |            |         |
|                                       |           |                 |         |                    | •••••        |                    |            |         |
|                                       |           |                 |         |                    |              |                    |            |         |
|                                       |           |                 |         |                    |              |                    |            |         |
|                                       |           |                 |         |                    | ·····        |                    | ····       |         |
|                                       |           |                 |         |                    |              |                    |            |         |
|                                       |           |                 |         |                    |              |                    |            |         |
|                                       |           |                 |         |                    |              |                    | ····       |         |
| otal DSEs                             |           |                 | 0.00    | Total DSEs         |              |                    | 0.00       |         |
| ross Receipts Third G                 | iroup     | \$              | 0.00    | Gross Receipts Fou | irth Group   | \$                 | 0.00       |         |
|                                       |           |                 |         |                    |              |                    |            |         |
| <b>ase Rate Fee</b> Third G           | iroup     | \$              | 0.00    | Base Rate Fee Fou  | rth Group    | \$                 | 0.00       |         |
|                                       |           |                 |         | 11                 |              |                    |            |         |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                |                      |             |                      |               |                  |      |                    |  |
|---|----------------|----------------------|-------------|----------------------|---------------|------------------|------|--------------------|--|
| В   | LOCK A: (      | COMPUTATION OF       | BASE RA     | ATE FEES FOR EAC     |               | RIBER GROUP      |      |                    |  |
|   | FIRST          | SUBSCRIBER GROU      | JP          |                      | SECONE        | SUBSCRIBER GRO   | UP   | 0                  |  |
| COMMUNITY/ AREA   |                |                      | 0           | COMMUNITY/ ARE       | A             |                  | 0    | 9                  |  |
|   |                |                      |             |                      |               |                  | DOF  | Computation        |  |
| CALL SIGN   | DSE            | CALL SIGN            | DSE         | CALL SIGN            | DSE           | CALL SIGN        | DSE  | of<br>Base Rate Fe |  |
|   | •              |                      |             | -                    |               |                  |      | and                |  |
|   | ······         |                      |             |                      |               |                  |      | Syndicated         |  |
|   |                |                      |             |                      |               |                  |      | Exclusivity        |  |
|   |                |                      | ·           |                      |               |                  |      | Surcharge          |  |
|   |                |                      | <b>_</b>    |                      |               |                  |      | for                |  |
|   |                |                      |             |                      |               |                  |      | Partially          |  |
|   |                |                      |             |                      |               |                  |      | Distant            |  |
|   |                |                      |             |                      |               | -                |      | Stations           |  |
|   | <mark></mark>  |                      |             |                      |               |                  |      |                    |  |
|   | <mark></mark>  |                      |             |                      |               |                  |      |                    |  |
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|   | <mark>.</mark> |                      |             |                      |               |                  |      |                    |  |
|   |                |                      |             |                      |               |                  |      |                    |  |
| 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 |                    |  |
|   | THIRD          | SUBSCRIBER GROU      | JP          |                      | FOURTH        | I SUBSCRIBER GRO | UP   |                    |  |
| COMMUNITY/ AREA   |                |                      | 0           | COMMUNITY/ ARE       |               |                  |      |                    |  |
| CALL SIGN   | DSE            | CALL SIGN            | DSE         | CALL SIGN            | DSE           | CALL SIGN        | DSE  |                    |  |
|   | <mark></mark>  |                      |             |                      |               |                  |      |                    |  |
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|   | ······         |                      |             | •                    | •••••         |                  |      |                    |  |
|   | ······         |                      |             |                      |               |                  |      |                    |  |
|   |                |                      |             |                      |               |                  |      |                    |  |
|   |                |                      |             |                      |               |                  |      |                    |  |
|   |                |                      |             |                      |               |                  |      |                    |  |
|   |                |                      |             |                      |               |                  |      |                    |  |
|   |                |                      |             |                      |               |                  |      |                    |  |
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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 (   | Group          | \$                   | 0.00        | Base Rate Fee Fou    | rth Group     | \$               | 0.00 |                    |  |
|   |                |                      |             | Ш                    |               |                  |      |                    |  |
| Base Bate East Add th   | ne hase rat    | e fees for each subs | riber arour | as shown in the boxe | s above       |                  |      |                    |  |
| Dase Rale Fee. Auu li   | ic base rat    |                      | JIDEI GIOUL |                      | s above.      |                  |      |                    |  |

|  | FORM | SA3E. | PAGE | 19. |
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|--|------|-------|------|-----|

|                         |       |                | DAGE NA        | TE FEES FOR EAC    | 11300305  | IDEN GROUF       |                      |
|-------------------------|-------|----------------|----------------|--------------------|-----------|------------------|----------------------|
|                         |       | SUBSCRIBER GRO |                |                    |           | I SUBSCRIBER GRO | UP                   |
| MMUNITY/ AREA           |       |                | 0              | COMMUNITY/ ARE     | Α         |                  | 0                    |
|                         |       |                |                |                    | Dee       |                  |                      |
| ALL SIGN E              | OSE   | CALL SIGN      | DSE            | CALL SIGN          | DSE       | CALL SIGN        | DSE                  |
|                         |       |                |                |                    | •••••     | +                |                      |
|                         |       |                |                |                    |           | •                |                      |
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|                         |       |                |                |                    |           |                  |                      |
|                         |       |                |                |                    |           |                  |                      |
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|                         |       |                |                |                    |           |                  |                      |
|                         |       |                |                |                    |           |                  |                      |
|                         |       |                |                |                    |           |                  |                      |
|                         |       |                |                |                    |           |                  |                      |
|                         |       |                |                |                    |           |                  |                      |
| al DSEs                 |       |                | 0.00           | Total DSEs         |           |                  | 0.00                 |
| ss Receipts First Group | D     | \$             | 0.00           | Gross Receipts Sec | ond Group | \$               | 0.00                 |
|                         |       |                |                |                    |           |                  |                      |
| e Rate Fee First Group  | D     | \$             | 0.00           | Base Rate Fee Seco | ond Group | \$               | 0.00                 |
| SEV                     | ENTH  | SUBSCRIBER GRO | UP             |                    | EIGHTH    | I SUBSCRIBER GRO | UP                   |
|                         |       | 0              | COMMUNITY/ ARE | Α                  |           | 0                |                      |
| LL SIGN D               | SE    | CALL SIGN      | DSE            | CALL SIGN          | DSE       | CALL SIGN        | DSE                  |
|                         |       |                |                |                    |           |                  |                      |
|                         |       |                |                |                    |           |                  |                      |
|                         |       |                |                |                    |           |                  |                      |
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|                         |       |                | [              | ][                 |           |                  |                      |
|                         |       |                |                | ][                 |           |                  |                      |
|                         |       |                |                |                    |           |                  |                      |
|                         |       |                |                |                    |           |                  |                      |
| al DSEs                 |       |                | 0.00           | Total DSEs         |           |                  | 0.00                 |
| oss Receipts Third Grou | р     | \$             | 0.00           | Gross Receipts Fou | rth Group | \$               | 0.00                 |
| se Rate Fee Third Grou  | n     | ¢              | 0.00           | Base Rate Fee Four | th Group  | ¢                | 0.00                 |
| SE NALE FEE MILLI GIOU  | Ч     | \$             | 0.00           | Dase Nale ree roul | an Group  | \$               | 0.00                 |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.            |         | LE SYSTEM:      |             |                       | -         | S               | YSTEM ID#     | Name                     |
|--|---------|-----------------|-------------|-----------------------|-----------|-----------------|---------------|--------------------------|
| BI   |         |                 |             | TE FEES FOR EAC       |           |                 |               |                          |
|  | NINTH   | SUBSCRIBER GROU |             |                       |           | 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<br>Surcharge |
|  |         | -               |             |                       |           |                 |               | for                      |
|  |         |                 |             |                       |           |                 |               | Partially                |
|  |         |                 |             |                       |           |                 |               | Distant                  |
|  |         | -               |             |                       |           | +               |               | Stations                 |
|  |         |                 |             |                       |           |                 |               |                          |
|  |         |                 |             | ]                     |           |                 |               |                          |
|  |         |                 |             |                       |           |                 |               |                          |
|  |         |                 |             |                       |           |                 |               |                          |
| Total DSEs                                       | ļ       |                 | 0.00        | Total DSEs            |           | 11              | 0.00          |                          |
| Gross Receipts First G                           | roup    | \$              | 0.00        | Gross Receipts Seco   | ond Group | \$              | 0.00          |                          |
|  |         |                 |             |                       |           |                 |               |                          |
| Base Rate Fee First G                            | -       | \$              | 0.00        | Base Rate Fee Seco    |           | \$              | 0.00          |                          |
|  | LEVENTH | SUBSCRIBER GROU |             |                       |           | SUBSCRIBER GROU |               |                          |
| COMMUNITY/ AREA                                  |         |                 | 0           | COMMUNITY/ AREA       | A         |                 | 0             |                          |
| CALL SIGN  | DSE     | CALL SIGN       | DSE         | CALL SIGN             | DSE       | CALL SIGN       | DSE           |                          |
|  |         | -               |             |                       |           | +               |               |                          |
|  |         |                 |             |                       |           |                 |               |                          |
|  |         |                 |             |                       |           |                 |               |                          |
|  |         |                 |             |                       |           |                 |               |                          |
|  |         | -               |             |                       |           |                 |               |                          |
|  |         |                 |             |                       |           |                 |               |                          |
|  |         |                 |             |                       |           |                 |               |                          |
|  |         | _               |             |                       |           |                 | <mark></mark> |                          |
|  |         |                 |             |                       |           | +               |               |                          |
|  |         |                 |             |                       |           |                 |               |                          |
|  |         |                 |             |                       |           |                 |               |                          |
|  |         |                 |             |                       |           |                 |               |                          |
| 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<br>Enter here and in block |         |                 | riber group | as shown in the boxes | s above.  | s               |               |                          |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                     |                       |               |                       |               |                  |      |                      |
|---|---------------------|-----------------------|---------------|-----------------------|---------------|------------------|------|----------------------|
|   |                     | COMPUTATION O         |               | ATE FEES FOR EAC      |               | RIBER GROUP      | UP   | _                    |
| COMMUNITY/ AREA   |                     |                       | 0             | COMMUNITY/ AREA       |               |                  | 0    | 9<br>Computation     |
| CALL SIGN   | DSE                 | CALL SIGN             | DSE           | CALL SIGN             | DSE           | CALL SIGN        | DSE  | of                   |
|   |                     |                       |               |                       |               |                  |      | Base Rate Fee<br>and |
|   |                     |                       |               |                       |               |                  |      | Syndicated           |
|   |                     |                       |               |                       |               |                  |      | Exclusivity          |
|   |                     |                       |               |                       |               |                  |      | Surcharge<br>for     |
|   |                     |                       |               |                       |               | •                |      | Partially            |
|   |                     |                       |               |                       |               |                  |      | Distant<br>Stations  |
|   |                     |                       | <mark></mark> |                       |               | •                |      | Stations             |
|   |                     |                       |               |                       |               |                  |      |                      |
|   |                     |                       |               |                       |               |                  |      |                      |
|   |                     |                       |               |                       | <mark></mark> | ++               |      |                      |
|   |                     |                       |               |                       |               |                  |      |                      |
| Total DSEs  |                     |                       | 0.00          | Total DSEs            |               |                  | 0.00 |                      |
| Gross Receipts First  | Group               | \$                    | 0.00          | Gross Receipts Seco   | ond Group     | \$               | 0.00 |                      |
| Base Rate Fee First   | Group               | \$                    | 0.00          | Base Rate Fee Seco    | ond Group     | \$               | 0.00 |                      |
|   | FIFTEENTH           | SUBSCRIBER GRO        | UP            |                       | SIXTEENTH     | I SUBSCRIBER GRO | UP   |                      |
| COMMUNITY/ AREA   | A                   |                       | 0             | COMMUNITY/ AREA       | A             |                  | 0    |                      |
| CALL SIGN   | DSE                 | CALL SIGN             | DSE           | CALL SIGN             | DSE           | CALL SIGN        | DSE  |                      |
|   |                     |                       |               |                       |               |                  |      |                      |
|   |                     |                       |               |                       |               |                  |      |                      |
|   |                     |                       |               |                       |               |                  |      |                      |
|   |                     |                       |               |                       |               |                  |      |                      |
|   |                     |                       |               |                       |               |                  |      |                      |
|   |                     |                       |               |                       |               |                  |      |                      |
|   |                     |                       |               |                       |               |                  |      |                      |
|   |                     |                       |               |                       |               |                  |      |                      |
|   |                     | -                     |               |                       |               |                  |      |                      |
|   |                     |                       |               |                       |               |                  |      |                      |
|   |                     |                       |               |                       |               |                  | •    |                      |
| Total DSEs  |                     |                       | 0.00          | Total DSEs            |               |                  | 0.00 |                      |
| Gross Receipts Third  | d Group             | \$                    | 0.00          | Gross Receipts Four   | th Group      | \$               | 0.00 |                      |
| Base Rate Fee Third   | d Group             | \$                    | 0.00          | Base Rate Fee Four    | th Group      | \$               | 0.00 |                      |
| Base Rate Fee: Add  | the <b>hase</b> rat | te fees for each subs | criber group  | as shown in the boxes | above         |                  |      |                      |
| Enter here and in blo   |                     |                       | onoer group   |                       |               | \$               |      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                 |                       |            |                       |          |                 |               |                      |
|---|-----------------|-----------------------|------------|-----------------------|----------|-----------------|---------------|----------------------|
| В   | LOCK A: (       | COMPUTATION OF        | BASE RA    | TE FEES FOR EACH      | H SUBSCR | IBER GROUP      |               |                      |
|   | NTEENTH         | SUBSCRIBER GROU       | JP         | 11                    |          | SUBSCRIBER GROU | JP            | 9                    |
| COMMUNITY/ AREA   |                 |                       | 0          | COMMUNITY/ AREA       |          |                 | 0             | -                    |
| CALL SIGN   | DSE             | CALL SIGN             | DSE        | CALL SIGN             | DSE      | CALL SIGN       |               | Computation<br>of    |
| CALL SIGN   | DSE             | CALL SIGN             | DSE        | CALL SIGN             | DSE      |                 | DSE           | Base Rate Fee        |
|   |                 |                       |            |                       |          |                 |               | and                  |
|   |                 | -                     |            |                       |          |                 |               | Syndicated           |
|   |                 |                       |            |                       |          |                 |               | Exclusivity          |
|   |                 |                       |            |                       |          |                 |               | Surcharge            |
|   |                 |                       |            |                       |          |                 |               | for                  |
|   |                 |                       |            |                       |          |                 |               | Partially<br>Distant |
|   |                 |                       |            |                       |          | +               | ····          | Stations             |
|   |                 |                       |            |                       |          | +               |               | Otations             |
|   |                 |                       |            |                       |          |                 |               |                      |
|   |                 |                       |            |                       |          |                 |               |                      |
|   |                 |                       |            |                       |          |                 |               |                      |
|   |                 |                       |            |                       |          |                 |               |                      |
|   |                 |                       | <u> </u>   |                       |          |                 |               |                      |
| Total DSEs  |                 |                       | 0.00       | Total DSEs            |          |                 | 0.00          |                      |
| Gross Receipts First G  | Group           | \$                    | 0.00       | Gross Receipts Secon  | nd Group | \$              | 0.00          |                      |
| Base Rate Fee First G   | Group           | \$                    | 0.00       | Base Rate Fee Secor   | nd Group | \$              | 0.00          |                      |
| NI  | NTEENTH         | SUBSCRIBER GROU       | JP         | Т                     | WENTIETH | SUBSCRIBER GROU | JP            |                      |
| COMMUNITY/ AREA   |                 |                       | 0          | COMMUNITY/ AREA       |          |                 | 0             |                      |
| CALL SIGN   | DSE             | CALL SIGN             | DSE        | CALL SIGN             | DSE      | CALL SIGN       | DSE           |                      |
|   |                 |                       |            |                       |          | •               |               |                      |
|   |                 |                       |            |                       |          |                 |               |                      |
|   |                 |                       |            |                       |          |                 |               |                      |
|   |                 |                       |            |                       |          | <br>            |               |                      |
|   |                 |                       |            |                       |          |                 |               |                      |
|   |                 |                       |            |                       |          |                 |               |                      |
|   |                 |                       |            |                       |          | •               |               |                      |
|   |                 |                       |            |                       |          |                 |               |                      |
|   |                 |                       |            | ]                     |          |                 |               |                      |
|   |                 |                       |            |                       |          |                 |               |                      |
|   |                 |                       |            |                       |          |                 | <mark></mark> |                      |
|   |                 |                       |            |                       |          |                 | <mark></mark> |                      |
|   |                 |                       |            |                       |          |                 | • • • •       |                      |
| Total DSEs  |                 |                       | 0.00       | Total DSEs            |          |                 | 0.00          |                      |
| Gross Receipts Third (  | Group           | \$                    | 0.00       | Gross Receipts Fourt  | h Group  | \$              | 0.00          |                      |
| Base Rate Fee Third (   | Group           | \$                    | 0.00       | Base Rate Fee Fourt   | h Group  | \$              | 0.00          |                      |
| Bass Bats Fact Add 4  | <b>bbbc</b> = 1 | a face for each auto- | vibor      |                       | above    |                 |               |                      |
| Enter here and in block   |                 |                       | прет дгопр | as shown in the boxes |          | \$              |               |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |  |                                   |             |                       |          |                               |      |                          |
|---|--|-----------------------------------|-------------|-----------------------|----------|-------------------------------|------|--------------------------|
| TWEN  |  | COMPUTATION OF<br>SUBSCRIBER GROU | JP          |                       |          | IBER GROUP<br>SUBSCRIBER GROU |      | 9                        |
| COMMUNITY/ AREA   |  |                                   | 0           | COMMUNITY/ AREA       |          |                               | 0    | <b>J</b><br>Computation  |
| CALL SIGN   | DSE  | CALL SIGN                         | DSE         | CALL SIGN             | DSE      | CALL SIGN                     | DSE  | of                       |
|   |  |                                   |             |                       |          |                               |      | Base Rate Fee<br>and     |
|   |  | -                                 |             |                       |          |                               |      | Syndicated               |
|   |  |                                   |             |                       |          |                               |      | Exclusivity<br>Surcharge |
|   |  |                                   |             |                       |          | •                             |      | for                      |
|   |  |                                   |             |                       |          |                               |      | Partially                |
|   |  |                                   |             |                       |          |                               |      | Distant<br>Stations      |
|   |  | -                                 |             |                       |          |                               |      | otations                 |
|   |  |                                   |             |                       |          |                               |      |                          |
|   | <mark></mark>  | -                                 |             |                       |          |                               |      |                          |
|   |  |                                   |             |                       |          |                               |      |                          |
|   |  |                                   |             |                       |          |                               |      |                          |
| Total DSEs  |  |                                   | 0.00        | Total DSEs            |          |                               | 0.00 |                          |
| Gross Receipts First G  | iroup  | \$                                | 0.00        | Gross Receipts Secor  | nd Group | \$                            | 0.00 |                          |
| Base Rate Fee First Group \$ 0.00                               |  |                                   | 0.00        | Base Rate Fee Secon   | nd Group | \$                            | 0.00 |                          |
| TWEN  | TY-THIRD   | SUBSCRIBER GROU                   | JP          | TWENT                 | Y-FOURTH | SUBSCRIBER GROU               | UP   |                          |
| COMMUNITY/ AREA   |  |                                   | 0           | COMMUNITY/ AREA       |          |                               | 0    |                          |
| CALL SIGN   | DSE  | CALL SIGN                         | DSE         | CALL SIGN             | DSE      | CALL SIGN                     | DSE  |                          |
|   |  |                                   |             |                       |          |                               |      |                          |
|   |  |                                   |             |                       |          |                               |      |                          |
|   |  |                                   |             |                       |          |                               |      |                          |
|   |  |                                   |             |                       |          |                               |      |                          |
|   |  |                                   |             |                       |          |                               |      |                          |
|   |  |                                   |             |                       |          |                               |      |                          |
|   |  | _                                 |             |                       |          |                               |      |                          |
|   |  |                                   |             |                       |          |                               |      |                          |
|   | <mark></mark>  |                                   |             |                       |          |                               |      |                          |
|   |  |                                   |             |                       |          |                               |      |                          |
|   |  |                                   |             |                       |          |                               |      |                          |
| Total DSEs  |  |                                   | 0.00        | Total DSEs            |          |                               | 0.00 |                          |
| Gross Receipts Third C  | Group  | \$                                | 0.00        | Gross Receipts Fourth | n Group  | \$                            | 0.00 |                          |
| Base Rate Fee Third C   | Group  | \$                                | 0.00        | Base Rate Fee Fourth  | n Group  | \$                            | 0.00 |                          |
|   |  |                                   | riber group | as shown in the boxes | above.   |                               |      |                          |
| Enter here and in block   | ase Rate Fee: Add the base rate fees for each subscriber gro<br>nter here and in block 3, line 1, space L (page 7) |                                   |             |                       |          | \$                            |      |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |         |                                 |               |                       |          |                |               |                   |
|---|---------|---------------------------------|---------------|-----------------------|----------|----------------|---------------|-------------------|
|   |         | COMPUTATION O<br>SUBSCRIBER GRC |               | ATE FEES FOR EACH     |          | IBER GROUP     | UP            |                   |
| COMMUNITY/ ARE/   | ۹       |                                 | 0             | COMMUNITY/ AREA       |          |                | 0             | 9<br>Computation  |
| CALL SIGN   | DSE     | CALL SIGN                       | DSE           | CALL SIGN             | DSE      | CALL SIGN      | DSE           | of                |
|   |         |                                 |               |                       |          |                |               | Base Rate Fee     |
|   |         |                                 |               |                       | ···      | •              |               | and<br>Syndicated |
|   |         |                                 |               |                       |          |                |               | Exclusivity       |
|   |         |                                 |               |                       |          |                |               | Surcharge         |
|   |         |                                 |               |                       |          |                |               | for<br>Partially  |
|   |         |                                 |               |                       |          |                |               | Distant           |
|   |         |                                 |               |                       |          |                |               | Stations          |
|   |         |                                 | <mark></mark> |                       |          |                | ····          |                   |
|   |         |                                 |               |                       |          |                |               |                   |
|   |         |                                 | <mark></mark> |                       |          |                |               |                   |
|   |         |                                 |               |                       |          |                |               |                   |
| Total DSEs  | ł       | ++                              | 0.00          | Total DSEs            | -        |                | 0.00          |                   |
| Gross Receipts First  | Group   | \$                              | 0.00          | Gross Receipts Seco   | nd Group | \$             | 0.00          |                   |
|   |         |                                 |               |                       |          |                |               |                   |
| Base Rate Fee First   |         | \$                              | 0.00          | Base Rate Fee Seco    |          | \$             | 0.00          |                   |
|   |         | SUBSCRIBER GRO                  |               |                       |          | SUBSCRIBER GRO | UP            |                   |
| COMMUNITY/ ARE/   | A       |                                 | 0             | COMMUNITY/ AREA       |          |                | U             |                   |
| CALL SIGN   | DSE     | CALL SIGN                       | DSE           | CALL SIGN             | DSE      | CALL SIGN      | DSE           |                   |
|   |         |                                 |               |                       |          | •              |               |                   |
|   |         |                                 |               |                       |          |                |               |                   |
|   |         |                                 |               |                       |          |                |               |                   |
|   |         |                                 |               |                       |          |                |               |                   |
|   |         |                                 | <mark></mark> |                       |          |                |               |                   |
|   |         |                                 |               |                       |          |                |               |                   |
|   |         |                                 |               |                       |          |                |               |                   |
|   | ·····   |                                 | <b></b>       |                       | •••      |                | ····          |                   |
|   |         |                                 |               |                       |          |                |               |                   |
|   |         |                                 | <mark></mark> |                       |          |                | <mark></mark> |                   |
|   |         |                                 | <b></b>       |                       |          |                | ····          |                   |
| Total DSEs  |         |                                 | 0.00          | Total DSEs            |          |                | 0.00          |                   |
| Gross Receipts Thire  | 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<br>Enter here and in blo                     |         |                                 | criber group  | as shown in the boxes | above.   | \$             |               |                   |
|   |         |                                 |               |                       |          |                |               |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.   |          |                                   |                       |                       |          |                 |      |                   |
|---|----------|-----------------------------------|-----------------------|-----------------------|----------|-----------------|------|-------------------|
|   |          | COMPUTATION OF<br>SUBSCRIBER GROU |                       | TE FEES FOR EACH      |          | IBER GROUP      | JP   | _                 |
| COMMUNITY/ AREA   |          |                                   | 0                     | COMMUNITY/ AREA       |          |                 | 0    | 9<br>Computation  |
| CALL SIGN   | DSE      | CALL SIGN                         | DSE                   | CALL SIGN             | DSE      | CALL SIGN       | DSE  | of                |
|   |          |                                   |                       |                       |          |                 |      | Base Rate Fee     |
|   |          |                                   |                       |                       |          |                 |      | and<br>Syndicated |
|   |          | -                                 |                       |                       |          |                 |      | Exclusivity       |
|   |          |                                   |                       |                       |          |                 |      | Surcharge         |
|   |          |                                   |                       |                       |          |                 |      | for<br>Partially  |
|   |          |                                   |                       |                       |          |                 |      | Distant           |
|   |          |                                   |                       |                       |          |                 |      | Stations          |
|   |          |                                   |                       |                       |          |                 |      |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
| Total DSEs  | <b>.</b> | ł                                 | 0.00                  | Total DSEs            |          | 11              | 0.00 |                   |
| Gross Receipts First G  | roup     | \$                                | 0.00                  | Gross Receipts Secor  | od Group | \$              | 0.00 |                   |
|   | loup     | -<br>-                            | 0.00                  | Gross Receipts Secon  |          | \$              | 0.00 |                   |
| Base Rate Fee First G   | roup     | \$                                | 0.00                  | Base Rate Fee Secon   | nd Group | \$              | 0.00 |                   |
|   | TY-FIRST | SUBSCRIBER GROU                   |                       | 1                     | Y-SECOND | SUBSCRIBER GROU | JP   |                   |
| COMMUNITY/ AREA   |          |                                   | 0                     | COMMUNITY/ AREA       |          |                 | 0    |                   |
| CALL SIGN   | DSE      | CALL SIGN                         | DSE                   | CALL SIGN             | DSE      | CALL SIGN       | DSE  |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
|   |          |                                   |                       |                       | ··       |                 |      |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
|   |          | ]                                 |                       |                       |          |                 |      |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
| Total DSEs  |          |                                   | 0.00                  | Total DSEs            |          |                 | 0.00 |                   |
| Gross Receipts Third G  | Group    | \$                                | 0.00                  | Gross Receipts Fourth | n Group  | \$              | 0.00 |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
| Base Rate Fee Third G   | iroup    | \$                                | 0.00                  | Base Rate Fee Fourth  | n Group  | \$              | 0.00 |                   |
|   |          |                                   |                       |                       |          |                 |      |                   |
| Base Rate Fee: Add the base rate fees for each subscriber grou<br>Enter here and in block 3, line 1, space L (page 7) |          |                                   | as shown in the boxes | above.                | \$       |                 |      |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |          |                                   |             |                         |           |                               |      |                         |
|---|----------|-----------------------------------|-------------|-------------------------|-----------|-------------------------------|------|-------------------------|
| THIR  |          | COMPUTATION OF<br>SUBSCRIBER GROL |             |                         |           | IBER GROUP<br>SUBSCRIBER GROU | UP   | 9                       |
| COMMUNITY/ AREA   |          |                                   | 0           | COMMUNITY/ AREA         |           |                               | 0    | <b>3</b><br>Computation |
| CALL SIGN   | DSE      | CALL SIGN                         | DSE         | CALL SIGN               | DSE       | CALL SIGN                     | DSE  | of                      |
|   |          |                                   |             |                         |           |                               |      | Base Rate Fee<br>and    |
|   |          | -                                 |             |                         |           |                               |      | Syndicated              |
|   |          |                                   |             |                         |           |                               |      | Exclusivity             |
|   |          |                                   |             |                         |           |                               |      | Surcharge<br>for        |
|   |          |                                   |             |                         |           |                               |      | Partially               |
|   |          |                                   |             |                         |           |                               |      | Distant<br>Stations     |
|   |          | -                                 |             |                         |           |                               |      | otations                |
|   |          |                                   |             |                         |           |                               |      |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
| Total DSEs  |          |                                   | 0.00        | Total DSEs              |           |                               | 0.00 |                         |
| Gross Receipts First G  | roup     | \$                                | 0.00        | Gross Receipts Secon    | nd Group  | \$                            | 0.00 |                         |
| Base Rate Fee First Group \$ 0.00                               |          |                                   | 0.00        | Base Rate Fee Secon     | nd Group  | \$                            | 0.00 |                         |
|   | TY-FIFTH | SUBSCRIBER GROU                   |             |                         | RTY-SIXTH | SUBSCRIBER GROU               | UP   |                         |
| COMMUNITY/ AREA   |          |                                   | 0           | COMMUNITY/ AREA         |           |                               | 0    |                         |
| CALL SIGN   | DSE      | CALL SIGN                         | DSE         | CALL SIGN               | DSE       | CALL SIGN                     | DSE  |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
|   |          |                                   |             |                         |           |                               | ···· |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
|   |          | -                                 |             |                         |           |                               |      |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
| Total DSEs  |          |                                   | 0.00        | Total DSEs              |           |                               | 0.00 |                         |
| Gross Receipts Third G  | Group    | \$                                | 0.00        | Gross Receipts Fourth   | n Group   | \$                            | 0.00 |                         |
| Base Rate Fee Third G   | Group    | \$                                | 0.00        | Base Rate Fee Fourth    | n Group   | \$                            | 0.00 |                         |
|   |          |                                   |             |                         |           |                               |      |                         |
| Base Rate Fee: Add th<br>Enter here and in block                |          |                                   | riber group | as shown in the boxes a | above.    | \$                            |      |                         |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |  |                 |             |                         |          |                 |               |                     |
|---|--|-----------------|-------------|-------------------------|----------|-----------------|---------------|---------------------|
| BI  | LOCK A: (  | COMPUTATION OF  | BASE RA     | TE FEES FOR EACH        | SUBSCR   | IBER GROUP      |               |                     |
|   |  | SUBSCRIBER GROU |             |                         |          | SUBSCRIBER GROU | JP            | 0                   |
| COMMUNITY/ AREA   |  |                 | 0           | COMMUNITY/ AREA         |          |                 | 0             | 9                   |
|   |  |                 | 505         |                         |          |                 | 505           | Computation         |
| CALL SIGN   | DSE  | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE           | of<br>Base Rate Fee |
|   |  |                 |             |                         |          |                 |               | and                 |
|   |  |                 |             |                         |          |                 |               | Syndicated          |
|   |  |                 |             |                         |          |                 |               | Exclusivity         |
|   |  |                 |             |                         |          |                 |               | Surcharge           |
|   |  |                 |             |                         |          |                 |               | for                 |
|   |  |                 |             |                         |          | -               |               | Partially           |
|   |  |                 |             |                         |          |                 |               | Distant             |
|   |  |                 |             |                         |          |                 | <mark></mark> | Stations            |
|   |  |                 |             |                         |          |                 | ····          |                     |
|   |  |                 |             |                         |          |                 |               |                     |
|   |  |                 |             |                         |          |                 |               |                     |
|   |  |                 |             |                         |          |                 |               |                     |
|   |  |                 |             |                         |          |                 |               |                     |
| Total DSEs  |  |                 | 0.00        | Total DSEs              |          |                 | 0.00          |                     |
|   | -  | •               | 0.00        |                         | d Croup  | •               | 0.00          |                     |
| Gross Receipts First G  | roup   | \$              | 0.00        | Gross Receipts Secon    | iu Group | \$              | 0.00          |                     |
| <b>Base Rate Fee</b> First G                                    | roup   | \$              | 0.00        | Base Rate Fee Secon     | d Group  | \$              | 0.00          |                     |
| THIR  | TY-NINTH   | SUBSCRIBER GROU | JP          |                         | FORTIETH | SUBSCRIBER GROU | JP            |                     |
| COMMUNITY/ AREA   |  |                 | 0           | COMMUNITY/ AREA         |          |                 | 0             |                     |
| CALL SIGN   | DSE  | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE           |                     |
|   |  |                 |             |                         |          | <br>            |               |                     |
|   |  |                 |             |                         |          |                 |               |                     |
|   |  |                 |             |                         |          |                 |               |                     |
|   |  |                 |             |                         |          |                 |               |                     |
|   |  |                 |             |                         |          |                 |               |                     |
|   |  |                 |             |                         |          |                 |               |                     |
|   |  |                 |             | ]                       |          |                 |               |                     |
|   |  |                 |             |                         |          |                 |               |                     |
|   |  |                 |             |                         |          |                 |               |                     |
|   |  |                 |             |                         |          |                 | <mark></mark> |                     |
|   |  |                 |             |                         |          |                 | <mark></mark> |                     |
|   |  |                 |             |                         |          |                 | ····          |                     |
|   |  |                 |             |                         |          |                 |               |                     |
| Total DSEs  | ·  |                 | 0.00        | Total DSEs              |          |                 | 0.00          |                     |
|   |  |                 |             |                         | 0        |                 | <u> </u>      |                     |
| Gross Receipts Third G  | noup   | \$              | 0.00        | Gross Receipts Fourth   | Group    | \$              | 0.00          |                     |
| Base Rate Fee Third G   | Group  | \$              | 0.00        | Base Rate Fee Fourth    | I Group  | \$              | 0.00          |                     |
|   |  |                 |             | 11                      |          |                 |               |                     |
|   |  |                 | riber group | as shown in the boxes a | above.   |                 |               |                     |
| Enter here and in block   | ase Rate Fee: Add the base rate fees for each subscriber gro<br>nter here and in block 3, line 1, space L (page 7) |                 |             |                         |          | \$              |               |                     |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |            |                                   |             |                         |          |                               |      |                          |
|---|------------|-----------------------------------|-------------|-------------------------|----------|-------------------------------|------|--------------------------|
|   |            | COMPUTATION OF<br>SUBSCRIBER GROU |             |                         |          | IBER GROUP<br>SUBSCRIBER GROU | IP   | •                        |
| COMMUNITY/ AREA   |            |                                   | 0           | COMMUNITY/ AREA         |          |                               | 0    | 9<br>Computation         |
| CALL SIGN   | DSE        | CALL SIGN                         | DSE         | CALL SIGN               | DSE      | CALL SIGN                     | DSE  | of                       |
|   |            |                                   |             |                         |          |                               |      | Base Rate Fee<br>and     |
|   |            |                                   |             |                         |          |                               |      | Syndicated               |
|   |            |                                   |             |                         |          |                               |      | Exclusivity<br>Surcharge |
|   |            | -                                 |             |                         |          |                               |      | for                      |
|   |            |                                   |             |                         |          |                               |      | Partially<br>Distant     |
|   |            |                                   |             |                         |          |                               |      | Stations                 |
|   |            |                                   |             |                         |          | -                             |      |                          |
|   |            |                                   |             |                         |          |                               |      |                          |
|   |            | -                                 |             |                         |          |                               |      |                          |
|   |            |                                   |             |                         |          |                               |      |                          |
| Total DSEs  | ļ          |                                   | 0.00        | Total DSEs              |          |                               | 0.00 |                          |
| Gross Receipts First G  | roup       | ¢.                                | 0.00        | Gross Receipts Secon    | d Group  | ¢                             | 0.00 |                          |
| GIOSS Receipts First G  | roup       | \$                                | 0.00        | Gloss Receipts Secon    | ia Group | \$                            | 0.00 |                          |
| Base Rate Fee First G   | roup       | \$                                | 0.00        | Base Rate Fee Secon     |          | \$                            | 0.00 |                          |
|   | ry-third   | SUBSCRIBER GROU                   |             | 1                       | Y-FOURTH | SUBSCRIBER GROU               | JP   |                          |
| COMMUNITY/ AREA   |            |                                   | 0           | COMMUNITY/ AREA         |          |                               |      |                          |
| CALL SIGN   | DSE        | CALL SIGN                         | DSE         | CALL SIGN               | DSE      | CALL SIGN                     | DSE  |                          |
|   |            |                                   |             |                         |          |                               |      |                          |
|   |            |                                   |             |                         |          |                               |      |                          |
|   |            | _                                 |             |                         |          |                               |      |                          |
|   |            |                                   |             |                         |          |                               |      |                          |
|   |            |                                   |             |                         |          |                               |      |                          |
|   | . <b>.</b> |                                   |             |                         |          |                               |      |                          |
|   |            |                                   |             |                         |          |                               |      |                          |
|   |            |                                   |             |                         |          |                               |      |                          |
|   |            |                                   |             |                         |          |                               |      |                          |
|   |            |                                   |             |                         |          | •                             |      |                          |
|   |            |                                   |             |                         |          |                               |      |                          |
| Total DSEs  |            |                                   | 0.00        | Total DSEs              |          |                               | 0.00 |                          |
| Gross Receipts Third G  | Group      | \$                                | 0.00        | Gross Receipts Fourth   | n Group  | \$                            | 0.00 |                          |
| Base Rate Fee Third G   | Group      | \$                                | 0.00        | Base Rate Fee Fourth    | n Group  | \$                            | 0.00 |                          |
|   |            |                                   |             | 11                      |          |                               |      |                          |
| Base Rate Fee: Add th<br>Enter here and in block                |            |                                   | riber group | as shown in the boxes a | above.   | \$                            |      |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |        |                                   |             |                       |           |                 |      |                   |
|---|--------|-----------------------------------|-------------|-----------------------|-----------|-----------------|------|-------------------|
|   |        | COMPUTATION OF<br>SUBSCRIBER GROU |             | ATE FEES FOR EACH     |           | IBER GROUP      | IP   |                   |
| COMMUNITY/ AREA   |        |                                   | 0           | COMMUNITY/ AREA       |           |                 | 0    | 9                 |
| CALL SIGN   | DSE    | CALL SIGN                         | DSE         | CALL SIGN             | DSE       | CALL SIGN       | DSE  | Computation<br>of |
|   |        |                                   |             |                       |           |                 |      | Base Rate Fee     |
|   |        |                                   |             |                       |           |                 |      | and<br>Syndicated |
|   |        |                                   |             |                       |           |                 |      | Exclusivity       |
|   |        |                                   |             |                       |           |                 |      | Surcharge         |
|   |        |                                   |             |                       |           |                 |      | for<br>Partially  |
|   |        |                                   |             |                       |           |                 |      | Distant           |
|   |        |                                   |             |                       |           |                 |      | Stations          |
|   |        |                                   |             |                       |           |                 |      |                   |
|   |        |                                   |             |                       |           |                 | ···· |                   |
|   |        |                                   |             |                       |           |                 |      |                   |
|   |        |                                   |             |                       |           |                 |      |                   |
|   |        |                                   |             |                       |           |                 |      |                   |
| Total DSEs  |        |                                   | 0.00        | Total DSEs            |           |                 | 0.00 |                   |
| Gross Receipts First Gr   | oup    | \$                                | 0.00        | Gross Receipts Secor  | nd Group  | \$              | 0.00 |                   |
| Base Rate Fee First Gr  | oup    | \$                                | 0.00        | Base Rate Fee Secon   | nd Group  | \$              | 0.00 |                   |
|   | EVENTH | SUBSCRIBER GROU                   | JP          | FORT                  | FY-EIGHTH | SUBSCRIBER GROU | JP   |                   |
| COMMUNITY/ AREA   |        |                                   | 0           | COMMUNITY/ AREA       |           |                 | 0    |                   |
| CALL SIGN   | DSE    | CALL SIGN                         | DSE         | CALL SIGN             | DSE       | CALL SIGN       | DSE  |                   |
|   |        |                                   |             |                       |           |                 |      |                   |
|   |        |                                   |             |                       |           |                 |      |                   |
|   |        |                                   |             |                       |           |                 |      |                   |
|   |        |                                   |             |                       | ··        |                 |      |                   |
|   |        |                                   |             |                       |           |                 |      |                   |
|   |        |                                   |             |                       |           |                 |      |                   |
|   |        |                                   |             |                       |           |                 |      |                   |
|   |        |                                   |             |                       |           |                 |      |                   |
|   |        |                                   |             |                       |           |                 |      |                   |
|   |        |                                   |             |                       |           |                 |      |                   |
|   |        |                                   |             |                       |           |                 | ···· |                   |
| Total DSEs  |        |                                   | 0.00        | Total DSEs            |           |                 | 0.00 |                   |
| Gross Receipts Third G  | roup   | \$                                | 0.00        | Gross Receipts Fourth | n Group   | \$              | 0.00 |                   |
| Base Rate Fee Third G   | roup   | \$                                | 0.00        | Base Rate Fee Fourth  | n Group   | \$              | 0.00 |                   |
|   |        |                                   |             | 11                    |           |                 |      |                   |
| Base Rate Fee: Add th<br>Enter here and in block                |        |                                   | riber group | as shown in the boxes | above.    | \$              |      |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.   |             |                  |   |                    |            |                  |      |                        |  |
|---|-------------|------------------|---|--------------------|------------|------------------|------|------------------------|--|
|   |             |                  |   | ATE FEES FOR EAG   |            |                  |      |                        |  |
| FC  | ORTY-NINTH  | SUBSCRIBER GRO   | UP                                      | <u> </u>           | FIFTIETH   | I SUBSCRIBER GRO | UP   | 0                      |  |
| COMMUNITY/ ARE  | A           |                  | 0                                       | COMMUNITY/ ARE     | Α          |                  | 0    | <b>9</b><br>Computatio |  |
| CALL SIGN   | DSE         | CALL SIGN        | DSE                                     | CALL SIGN          | DSE        | CALL SIGN        | DSE  | of                     |  |
|   |             |                  |   |                    |            |                  |      | Base Rate Fe           |  |
|   |             |                  |   |                    |            |                  |      | and                    |  |
|   |             |                  |   |                    |            |                  |      | Syndicated             |  |
|   |             |                  |   |                    |            |                  |      | Exclusivity            |  |
|   |             |                  |   |                    |            |                  |      | Surcharge              |  |
|   |             |                  |   |                    |            |                  |      | for                    |  |
|   |             | -                |   |                    |            |                  |      | Partially              |  |
|   |             |                  |   |                    |            | •                |      | Distant                |  |
|   |             |                  | <mark></mark>                           |                    | ·····      |                  |      | Stations               |  |
|   |             |                  | <mark></mark>                           |                    |            |                  |      |                        |  |
|   |             |                  |   | •                  | ·····      | •                |      |                        |  |
|   |             |                  | <mark>.</mark>                          |                    |            |                  |      |                        |  |
|   |             |                  |   |                    |            |                  |      |                        |  |
|   |             |                  | ••••••••••••••••••••••••••••••••••••••• | •                  |            | •                |      |                        |  |
| T ( 1005  |             | 11               | 0.00                                    | TILDOF             |            | 11               | 0.00 |                        |  |
| Total DSEs  |             |                  | 0.00                                    | Total DSEs         |            |                  | 0.00 |                        |  |
| Gross Receipts First Group \$ 0.00  |             | 0.00             | Gross Receipts Sec                      | ond Group          | \$         | 0.00             |      |                        |  |
| Base Rate Fee First Group \$ 0.00   |             |                  | 0.00                                    | Base Rate Fee Sec  | ond Group  | \$               | 0.00 |                        |  |
|   | FIFTY-FIRST | SUBSCRIBER GRO   | UP                                      | FIF                | TY-SECONE  | SUBSCRIBER GRC   | UP   |                        |  |
| COMMUNITY/ ARE  | A           |                  | 0                                       | COMMUNITY/ ARE     | Α          |                  | 0    |                        |  |
| CALL SIGN   | DSE         | CALL SIGN        | DSE                                     | CALL SIGN          | DSE        | CALL SIGN        | DSE  |                        |  |
|   |             |                  |   |                    |            |                  |      |                        |  |
|   |             |                  | <mark></mark>                           |                    | •••••      |                  |      |                        |  |
|   |             |                  | ••••••••••••••••••••••••••••••••••••••  |                    |            |                  |      |                        |  |
|   |             |                  |   |                    |            |                  |      |                        |  |
|   |             |                  |   |                    |            |                  |      |                        |  |
|   |             |                  |   |                    |            |                  |      |                        |  |
|   |             |                  |   |                    |            |                  |      |                        |  |
|   |             |                  |   |                    |            |                  |      |                        |  |
|   |             |                  |   |                    |            |                  |      |                        |  |
|   |             |                  |   |                    |            |                  |      |                        |  |
|   |             |                  | <mark></mark>                           |                    |            |                  |      |                        |  |
|   |             |                  | <mark></mark>                           |                    |            |                  |      |                        |  |
|   |             |                  | <mark></mark>                           |                    | •••••      | •                |      |                        |  |
| Total DSEs  |             |                  | 0.00                                    | Total DSEs         |            |                  | 0.00 |                        |  |
|   |             |                  |   |                    |            |                  |      |                        |  |
| Gross Receipts Thir   | ra Group    | \$               | 0.00                                    | Gross Receipts Fou | irth Group | \$               | 0.00 |                        |  |
| Base Rate Fee Thir  | rd Group    | \$               | 0.00                                    | Base Rate Fee Fou  | rth Group  | \$               | 0.00 |                        |  |
|   |             |                  |   | 11                 |            |                  |      |                        |  |
| Base Rate Fee: Add the base rate fees for each subscriber group a Enter here and in block 3, line 1, space L (page 7) |             |                  | as shown in the boxe                    | es above.          | \$         |                  |      |                        |  |
|   |             | opace - (page 1) |   |                    |            | Ψ                |      |                        |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.  |               |                 |                     |                         |   |                   |               |                     |  |
|--|---------------|-----------------|---------------------|-------------------------|---|-------------------|---------------|---------------------|--|
|  |               |                 |                     | TE FEES FOR EACH        |   |                   |               |                     |  |
| FIF<br>COMMUNITY/ AREA   | TY-THIRD      | SUBSCRIBER GROU | JP<br><b>0</b>      | FIFT<br>COMMUNITY/ AREA |   | SUBSCRIBER GROU   | JP<br>0       | 9                   |  |
|  |               |                 |                     |                         |   |                   |               | Computation         |  |
| CALL SIGN  | DSE           | CALL SIGN       | DSE                 | CALL SIGN               | DSE                                     | CALL SIGN         | DSE           | of                  |  |
|  | •             |                 |                     |                         |   |                   |               | Base Rate Fee       |  |
|  |               |                 |                     |                         |   | +                 |               | and<br>Syndicated   |  |
|  |               |                 |                     |                         |   | ++                |               | Exclusivity         |  |
|  |               |                 |                     |                         |   |                   |               | Surcharge           |  |
|  |               |                 |                     |                         |   | •                 |               | for                 |  |
|  |               |                 |                     |                         |   |                   |               | Partially           |  |
|  |               |                 |                     |                         |   |                   |               | Distant<br>Stations |  |
|  |               |                 |                     |                         | ••••••••••••••••••••••••••••••••••••••• |                   |               | Stations            |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
|  |               | ]               |                     | ]                       |   |                   |               |                     |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
| Total DSEs   |               |                 | 0.00                | Total DSEs              |   |                   | 0.00          |                     |  |
| Gross Receipts First Group \$ 0.00   |               |                 | 0.00                | Gross Receipts Secor    | nd Group                                | \$                | 0.00          |                     |  |
| Base Rate Fee First Group \$ 0.00  |               |                 | 0.00                | Base Rate Fee Secor     | nd Group                                | \$                | 0.00          |                     |  |
| FIF  | TY-FIFTH      | SUBSCRIBER GROU | JP                  | FI                      | FTY-SIXTH                               | I SUBSCRIBER GROU | JP            |                     |  |
| COMMUNITY/ AREA  |               |                 | 0                   | COMMUNITY/ AREA         |   |                   | 0             |                     |  |
| CALL SIGN  | DSE           | CALL SIGN       | DSE                 | CALL SIGN               | DSE                                     | CALL SIGN         | DSE           |                     |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
|  |               |                 |                     |                         | ••••••••••••••••••••••••••••••••••••••• |                   |               |                     |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
|  | <mark></mark> |                 |                     |                         | <mark></mark>                           |                   |               |                     |  |
|  | ·             |                 |                     |                         | <mark></mark>                           |                   | <mark></mark> |                     |  |
|  | ·             |                 |                     |                         | ··                                      |                   |               |                     |  |
|  |               |                 |                     |                         | <b>.</b>                                | 11                |               |                     |  |
| Total DSEs   |               |                 | 0.00                | Total DSEs              |   |                   | 0.00          |                     |  |
| Gross Receipts Third C   | Group         | \$              | 0.00                | Gross Receipts Fourt    | h Group                                 | \$                | 0.00          |                     |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
| Base Rate Fee Third Group \$ 0.00  |               |                 | Base Rate Fee Fourt | n Group                 | \$                                      | 0.00              |               |                     |  |
|  |               |                 |                     |                         |   |                   |               |                     |  |
| Base Rate Fee: Add the base rate fees for each subscriber group<br>Enter here and in block 3, line 1, space L (page 7) |               |                 |                     | as snown in the boxes   | above.                                  | \$                |               |                     |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.   |             |                |               |                      |            |                  |      |                          |  |
|---|-------------|----------------|---------------|----------------------|------------|------------------|------|--------------------------|--|
|   |             |                |               | TE FEES FOR EAG      |            |                  |      |                          |  |
|   |             | SUBSCRIBER GRO |               | 11                   |            | H SUBSCRIBER GRC |      | 9                        |  |
| COMMUNITY/ ARE  | A           |                | 0             | COMMUNITY/ ARE       | EA         |                  | 0    | Computation              |  |
| CALL SIGN   | DSE         | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN        | DSE  | of                       |  |
|   |             |                |               |                      |            |                  |      | Base Rate Fee            |  |
|   |             | -              |               |                      |            |                  |      | and                      |  |
|   |             |                |               |                      |            |                  |      | Syndicated               |  |
|   |             |                | <mark></mark> |                      |            |                  |      | Exclusivity<br>Surcharge |  |
|   |             |                | ···           |                      |            |                  |      | for                      |  |
|   |             | -              |               |                      |            |                  |      | Partially                |  |
|   |             |                |               |                      |            |                  |      | Distant                  |  |
|   |             |                |               |                      |            |                  |      | Stations                 |  |
|   |             |                | <mark></mark> |                      |            |                  |      |                          |  |
|   |             |                | <mark></mark> |                      |            |                  |      |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
| Total DSEs  |             |                | 0.00          | Total DSEs           |            |                  | 0.00 |                          |  |
| Gross Receipts First Group \$ 0.00  |             |                |               | Gross Receipts Sec   | cond Group | \$               | 0.00 |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
| Base Rate Fee First Group \$ 0.00   |             |                | 0.00          | Base Rate Fee Sec    | cond Group | \$               | 0.00 |                          |  |
| F   | FIFTY-NINTH | SUBSCRIBER GRO | OUP           |                      | SIXTIETH   | H SUBSCRIBER GRC | )UP  |                          |  |
| COMMUNITY/ ARE  | A           |                | 0             | COMMUNITY/ ARE       | A          |                  | 0    |                          |  |
| CALL SIGN   | DSE         | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN        | DSE  |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
|   |             |                | ···           |                      |            |                  |      |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
|   |             | -              |               |                      |            |                  |      |                          |  |
|   |             |                | <mark></mark> |                      |            |                  |      |                          |  |
|   |             |                | <mark></mark> |                      |            |                  |      |                          |  |
|   |             |                | <b></b>       |                      |            |                  |      |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
| Total DSEs  |             |                | 0.00          | Total DSEs           |            |                  | 0.00 |                          |  |
| Gross Receipts Thir   | rd Group    | \$             | 0.00          | Gross Receipts Fou   | urth Group | \$               | 0.00 |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
| Base Rate Fee Third Group \$ 0.00   |             |                |               | Base Rate Fee Fou    | urth Group | \$               | 0.00 |                          |  |
|   |             |                |               |                      |            |                  |      |                          |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group a Enter here and in block 3, line 1, space L (page 7) |             |                |               | as shown in the boxe | es above.  | \$               |      |                          |  |
|   | . ,         |                |               |                      |            |                  |      |                          |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.   |          |                                 |                     |                       |               |                               |       |                      |  |
|---|----------|---------------------------------|---------------------|-----------------------|---------------|-------------------------------|-------|----------------------|--|
|   |          | COMPUTATION O<br>SUBSCRIBER GRO |                     | TE FEES FOR EAC       |               | RIBER GROUP<br>SUBSCRIBER GRO | UP    | 0                    |  |
| COMMUNITY/ ARE  | A        |                                 | 0                   | COMMUNITY/ AREA       |               |                               | 0     | 9<br>Computation     |  |
| CALL SIGN   | DSE      | CALL SIGN                       | DSE                 | CALL SIGN             | DSE           | CALL SIGN                     | DSE   | of                   |  |
|   |          |                                 |                     |                       |               |                               |       | Base Rate Fee<br>and |  |
|   |          |                                 | <mark></mark>       |                       | <b></b>       |                               |       | Syndicated           |  |
|   |          |                                 |                     |                       |               |                               |       | Exclusivity          |  |
|   |          |                                 |                     |                       |               |                               |       | Surcharge<br>for     |  |
|   |          |                                 |                     |                       | <b></b>       |                               |       | Partially            |  |
|   |          |                                 |                     |                       |               |                               |       | Distant              |  |
|   |          |                                 |                     |                       |               |                               |       | Stations             |  |
|   |          |                                 |                     |                       |               |                               |       |                      |  |
|   |          |                                 |                     |                       |               |                               |       |                      |  |
|   |          |                                 | <mark></mark>       |                       | <mark></mark> |                               |       |                      |  |
|   | ·····    |                                 |                     |                       | <mark></mark> |                               |       |                      |  |
| Total DSEs  |          |                                 | 0.00                | Total DSEs            | -             |                               | 0.00  |                      |  |
| Gross Receipts First Group \$ 0.00  |          |                                 |                     | Gross Receipts Seco   | nd Group      | \$                            | 0.00  |                      |  |
|   |          | 0.00                            |                     |                       | Ψ             | 0.00                          |       |                      |  |
| Base Rate Fee First Group \$ 0.00   |          |                                 | 0.00                | Base Rate Fee Seco    | nd Group      | \$                            | 0.00  |                      |  |
|   |          | SUBSCRIBER GRO                  |                     |                       |               | I SUBSCRIBER GRO              | UP    |                      |  |
| COMMUNITY/ ARE  | A        |                                 | 0                   | COMMUNITY/ AREA       |               |                               | 0     |                      |  |
| CALL SIGN   | DSE      | CALL SIGN                       | DSE                 | CALL SIGN             | DSE           | CALL SIGN                     | DSE   |                      |  |
|   |          |                                 |                     |                       |               | •                             |       |                      |  |
|   |          |                                 |                     |                       |               |                               |       |                      |  |
|   |          |                                 |                     |                       |               |                               |       |                      |  |
|   |          |                                 |                     |                       |               |                               |       |                      |  |
|   |          |                                 |                     |                       |               |                               |       |                      |  |
|   |          |                                 |                     |                       |               |                               |       |                      |  |
|   |          |                                 | •                   |                       | <mark></mark> | +                             | ····· |                      |  |
|   |          |                                 |                     |                       |               |                               |       |                      |  |
|   |          | -                               |                     |                       |               |                               |       |                      |  |
|   |          |                                 | <mark></mark>       |                       | <mark></mark> | +                             | ····· |                      |  |
|   |          |                                 |                     |                       |               |                               |       |                      |  |
| Total DSEs  |          |                                 | 0.00                | Total DSEs            |               |                               | 0.00  |                      |  |
| Gross Receipts Thi  | rd Group | \$                              | 0.00                | Gross Receipts Fourt  | th Group      | \$                            | 0.00  |                      |  |
|   |          |                                 |                     |                       |               |                               | ]     |                      |  |
| Base Rate Fee Third Group \$ 0.00   |          |                                 | Base Rate Fee Fourt | h Group               | \$            | 0.00                          |       |                      |  |
|   |          |                                 |                     |                       |               |                               |       |                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group Enter here and in block 3, line 1, space L (page 7) |          |                                 |                     | as shown in the boxes | above.        | \$                            |       |                      |  |
| i i   |          |                                 |                     |                       |               |                               |       |                      |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |   |                 |                      |                       |           |                   |               |                           |  |
|---|---|-----------------|----------------------|-----------------------|-----------|-------------------|---------------|---------------------------|--|
|   |   |                 |                      | TE FEES FOR EACH      | H SUBSCF  | IBER GROUP        |               |                           |  |
| SIX<br>COMMUNITY/ AREA  | TY-FIFTH  | SUBSCRIBER GROU | JP <b>0</b>          | SI<br>COMMUNITY/ AREA |           | I SUBSCRIBER GROU | UP 0          | 9                         |  |
|   |   |                 |                      |                       |           |                   |               | Computation               |  |
| CALL SIGN   | DSE   | CALL SIGN       | DSE                  | CALL SIGN             | DSE       | CALL SIGN         | DSE           | of                        |  |
|   | <mark>.</mark>                                    |                 |                      |                       |           |                   |               | Base Rate Fee             |  |
|   | <mark></mark>                                     |                 |                      |                       |           |                   |               | and                       |  |
|   | <mark></mark>                                     |                 |                      |                       |           |                   | ····          | Syndicated<br>Exclusivity |  |
|   | •• ••••••   |                 |                      |                       | •••       | +                 | ••••          | Surcharge                 |  |
|   |   |                 |                      |                       |           | •                 |               | for                       |  |
|   |   |                 |                      |                       |           |                   |               | Partially                 |  |
|   |   |                 |                      |                       |           |                   |               | Distant                   |  |
|   |   |                 |                      |                       |           |                   |               | Stations                  |  |
|   | <mark>.</mark>                                    |                 |                      |                       |           |                   |               |                           |  |
|   | <mark></mark>                                     |                 |                      |                       |           |                   | <mark></mark> |                           |  |
|   | <mark></mark>                                     |                 |                      |                       |           |                   |               |                           |  |
|   | ··  |                 |                      |                       | •••       | ++                | ••••          |                           |  |
|   | •••••••••••••••••••••••••••••••••••••••           |                 |                      |                       |           | •                 | ••••          |                           |  |
| Total DSEs  | <b>.</b>  | ŀ               | 0.00                 | Total DSEs            | <u> </u>  | ++                | 0.00          |                           |  |
|   |   |                 |                      |                       |           |                   |               |                           |  |
| Gross Receipts First Group \$ 0.00                              |   | 0.00            | Gross Receipts Secon | nd Group              | \$        | 0.00              |               |                           |  |
| Base Rate Fee First Group \$ 0.00                               |   |                 | 0.00                 | Base Rate Fee Secon   | nd Group  | \$                | 0.00          |                           |  |
| SIXTY-  | SEVENTH   | SUBSCRIBER GROU | JP                   | SIX                   | TY-EIGHTH | SUBSCRIBER GROU   | UP            |                           |  |
| COMMUNITY/ AREA   |   |                 | 0                    | COMMUNITY/ AREA       |           |                   | 0             |                           |  |
| CALL SIGN   | DSE   | CALL SIGN       | DSE                  | CALL SIGN             | DSE       | CALL SIGN         | DSE           |                           |  |
|   |   |                 |                      |                       | •••       | •                 | ·····         |                           |  |
|   | ••  |                 |                      |                       |           | +                 |               |                           |  |
|   |   |                 |                      |                       |           |                   |               |                           |  |
|   |   |                 |                      |                       |           |                   |               |                           |  |
|   |   |                 |                      |                       |           |                   |               |                           |  |
|   |   |                 |                      |                       |           |                   |               |                           |  |
|   | <mark></mark>                                     |                 |                      |                       |           |                   |               |                           |  |
|   | •   |                 |                      |                       | •         | +                 | •••••         |                           |  |
|   | •   |                 |                      |                       |           |                   |               |                           |  |
|   |   |                 |                      |                       |           |                   |               |                           |  |
|   |   |                 |                      | ]                     |           | ][                |               |                           |  |
|   |   |                 |                      |                       |           |                   |               |                           |  |
|   |   |                 |                      |                       |           |                   |               |                           |  |
| Total DSEs  |   |                 | 0.00                 | Total DSEs            |           |                   | 0.00          |                           |  |
| Gross Receipts Third (  | Group   | \$              | 0.00                 | Gross Receipts Fourt  | h Group   | \$                | 0.00          |                           |  |
| Base Rate Fee Third Group \$ 0.00                               |   | 0.00            | Base Rate Fee Fourt  | h Group               | \$        | 0.00              |               |                           |  |
|   | F   | <u>l.</u>       |                      |                       | P         | L <u>*</u>        |               |                           |  |
|   |   |                 | riber group          | as shown in the boxes | above.    |                   |               |                           |  |
|   | ter here and in block 3, line 1, space L (page 7) |                 |                      |                       |           | \$                |               |                           |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.  |          |                                   |                      |                       |          |                 |      |                      |  |
|--|----------|-----------------------------------|----------------------|-----------------------|----------|-----------------|------|----------------------|--|
|  |          | COMPUTATION OF<br>SUBSCRIBER GROU |                      | ATE FEES FOR EACH     |          | BER GROUP       | JP   | •                    |  |
| COMMUNITY/ AREA  |          |                                   | 0                    | COMMUNITY/ AREA       |          |                 | 0    | 9<br>Computation     |  |
| CALL SIGN  | DSE      | CALL SIGN                         | DSE                  | CALL SIGN             | DSE      | CALL SIGN       | DSE  | of                   |  |
|  |          |                                   |                      |                       |          |                 |      | Base Rate Fee<br>and |  |
|  |          | -                                 |                      |                       |          |                 |      | Syndicated           |  |
|  |          |                                   |                      |                       |          |                 |      | Exclusivity          |  |
|  |          |                                   |                      |                       |          |                 |      | Surcharge<br>for     |  |
|  |          |                                   |                      |                       |          |                 |      | Partially            |  |
|  |          |                                   |                      |                       |          |                 |      | Distant<br>Stations  |  |
|  |          | -                                 |                      |                       |          |                 |      | otations             |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
| Total DSEs   |          |                                   | 0.00                 | Total DSEs            |          |                 | 0.00 |                      |  |
| Gross Receipts First Group \$ 0.00   |          | 0.00                              | Gross Receipts Secor | nd Group              | \$       | 0.00            |      |                      |  |
| Base Rate Fee First Group \$ 0.00  |          |                                   | 0.00                 | Base Rate Fee Secor   | nd Group | \$              | 0.00 |                      |  |
|  | TY-FIRST | SUBSCRIBER GROU                   |                      | 11                    |          | SUBSCRIBER GROU | JP   |                      |  |
| COMMUNITY/ AREA  |          |                                   | 0                    | COMMUNITY/ AREA       |          |                 | 0    |                      |  |
| CALL SIGN  | DSE      | CALL SIGN                         | DSE                  | CALL SIGN             | DSE      | CALL SIGN       | DSE  |                      |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
|  |          | -                                 |                      |                       |          |                 |      |                      |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
|  |          |                                   |                      |                       |          |                 |      |                      |  |
|  |          |                                   | L                    |                       |          |                 |      |                      |  |
| Total DSEs   |          |                                   | 0.00                 | Total DSEs            |          |                 | 0.00 |                      |  |
| Gross Receipts Third G   | Group    | \$                                | 0.00                 | Gross Receipts Fourth | h Group  | \$              | 0.00 |                      |  |
| Base Rate Fee Third Group \$ 0.00  |          |                                   | Base Rate Fee Fourth | h Group               | \$       | 0.00            |      |                      |  |
|  | a here a |                                   | vile o               |                       | ahau     |                 |      |                      |  |
| ase Rate Fee: Add the base rate fees for each subscriber group<br>nter here and in block 3, line 1, space L (page 7) |          |                                   |                      | as shown in the doxes | apove.   | \$              |      |                      |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |  |                                   |                      |                          |           |                 |         |                           |  |
|---|--|-----------------------------------|----------------------|--------------------------|-----------|-----------------|---------|---------------------------|--|
|   |  | COMPUTATION OF<br>SUBSCRIBER GROL |                      | ATE FEES FOR EACH        |           | BER GROUP       | JP      | •                         |  |
| COMMUNITY/ AREA   |  |                                   | 0                    | COMMUNITY/ AREA          |           |                 | 0       | <b>9</b><br>Computation   |  |
| CALL SIGN   | DSE  | CALL SIGN                         | DSE                  | CALL SIGN                | DSE       | CALL SIGN       | DSE     | of<br>Base Rate Fee       |  |
|   |  |                                   |                      |                          |           |                 |         | and                       |  |
|   |  |                                   |                      |                          |           |                 |         | Syndicated<br>Exclusivity |  |
|   |  |                                   |                      |                          |           |                 |         | Surcharge                 |  |
|   |  |                                   |                      |                          |           |                 |         | for<br>Partially          |  |
|   |  |                                   |                      |                          |           |                 |         | Distant                   |  |
|   |  |                                   |                      |                          |           |                 |         | Stations                  |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
| Total DSEs  | ļ  |                                   | 0.00                 | Total DSEs               |           | 11              | 0.00    |                           |  |
| Gross Receipts First Group \$ 0.00                              |  |                                   |                      | Gross Receipts Secon     | id Group  | \$              | 0.00    |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
| Base Rate Fee First Group \$ 0.00                               |  |                                   |                      | Base Rate Fee Secon      |           | \$              | 0.00    |                           |  |
| SEVEN<br>COMMUNITY/ AREA  | TY-FIFTH   | SUBSCRIBER GROL                   | JP<br>0              | SEVEN<br>COMMUNITY/ AREA | NTY-SIXTH | SUBSCRIBER GROU | JP<br>0 |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
| CALL SIGN   | DSE  | CALL SIGN                         | DSE                  | CALL SIGN                | DSE       | CALL SIGN       | DSE     |                           |  |
|   |  |                                   |                      |                          |           | •               |         |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
|   |  | _                                 |                      |                          |           |                 |         |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
| Total DSEs  | 1  |                                   | 0.00                 | Total DSEs               |           |                 | 0.00    |                           |  |
| Gross Receipts Third G  | Group  | \$                                | 0.00                 | Gross Receipts Fourth    | n Group   | \$              | 0.00    |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
| Base Rate Fee Third Group \$ 0.00                               |  |                                   | Base Rate Fee Fourth | Group                    | \$        | 0.00            |         |                           |  |
|   |  |                                   |                      |                          |           |                 |         |                           |  |
|   | ase Rate Fee: Add the base rate fees for each subscriber group<br>nter here and in block 3, line 1, space L (page 7) |                                   |                      |                          | above.    | \$              |         |                           |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |  |                |                    |                       |            |                  |      |                    |  |
|---|--|----------------|--------------------|-----------------------|------------|------------------|------|--------------------|--|
| В   | LOCK A: (  | COMPUTATION OF | BASE RA            | TE FEES FOR EAC       |            | RIBER GROUP      |      |                    |  |
| SEVENTY-  | SEVENTH  | SUBSCRIBER GRO | JP                 | SEVEN                 | NTY-EIGHTH | I SUBSCRIBER GRO | UP   | 0                  |  |
| COMMUNITY/ AREA   |  |                | 0                  | COMMUNITY/ AREA       | A          |                  | 0    | 9                  |  |
|   | 005  |                |                    |                       |            |                  | DOF  | Computation        |  |
| CALL SIGN   | DSE  | CALL SIGN      | DSE                | CALL SIGN             | DSE        | CALL SIGN        | DSE  | of<br>Base Rate Fe |  |
|   |  |                |                    |                       |            |                  |      | and                |  |
|   |  |                |                    |                       |            | •                |      | Syndicated         |  |
|   |  |                |                    |                       |            |                  |      | Exclusivity        |  |
|   |  |                |                    |                       |            |                  |      | Surcharge          |  |
|   |  |                |                    |                       |            |                  |      | for                |  |
|   |  |                |                    |                       |            |                  |      | Partially          |  |
|   |  |                |                    |                       |            |                  |      | Distant            |  |
|   |  | -              |                    |                       |            |                  |      | Stations           |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
|   | <mark></mark>                                    |                |                    |                       |            |                  |      |                    |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
|   | ··   | -              |                    |                       |            | ++               |      |                    |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
| Total DOC-  | -  | 11             | 0.00               |                       | <u> </u>   | 11               | 0.00 |                    |  |
| Total DSEs 0.00   |  |                |                    | Total DSEs            |            |                  | 0.00 |                    |  |
| Gross Receipts First Group \$ 0.00                              |  |                | 0.00               | Gross Receipts Seco   | ond Group  | \$               | 0.00 |                    |  |
| Base Rate Fee First Group \$ 0.00                               |  |                | 0.00               | Base Rate Fee Seco    | ond Group  | \$               | 0.00 |                    |  |
| SEVEN   | TY-NINTH   | SUBSCRIBER GRO | JP                 |                       | EIGHTIETH  | I SUBSCRIBER GRO | UP   |                    |  |
| COMMUNITY/ AREA   |  |                | 0                  | COMMUNITY/ AREA       | A          |                  | 0    |                    |  |
| CALL SIGN   | DSE  | CALL SIGN      | DSE                | CALL SIGN             | DSE        | CALL SIGN        | DSE  |                    |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
|   | ··   |                |                    |                       |            |                  |      |                    |  |
|   | <mark></mark>                                    |                |                    | ·                     |            | •                |      |                    |  |
|   |  | -              |                    |                       |            |                  |      |                    |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
|   |  |                |                    |                       |            |                  |      |                    |  |
| 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 th   |  |                | criber group       | as shown in the boxes | s above.   |                  |      |                    |  |
| Enter here and in block   | er here and in block 3, line 1, space L (page 7) |                |                    |                       |            | \$               |      |                    |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
|--|---------|-----------------------------------|----------------------|-----------------------|--|-------------------------------|---------------|----------------------|--|--|--|
| EIGH   |         | COMPUTATION OF<br>SUBSCRIBER GROU | JP                   |                       |  | IBER GROUP<br>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<br>and |  |  |  |
|  |         |                                   |                      |                       | •••••••••••••••••••••••••••••••••••••• |                               |               | Syndicated           |  |  |  |
|  |         |                                   |                      |                       |  |                               |               | Exclusivity          |  |  |  |
|  |         |                                   |                      |                       |  |                               |               | Surcharge<br>for     |  |  |  |
|  |         |                                   |                      |                       |  | •                             |               | Partially            |  |  |  |
|  |         |                                   |                      |                       |  |                               |               | Distant              |  |  |  |
|  |         |                                   |                      |                       |  |                               |               | Stations             |  |  |  |
|  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
|  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
|  |         |                                   |                      |                       |  |                               | <mark></mark> |                      |  |  |  |
|  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
| Total DSEs   | 11      |                                   | 0.00                 | Total DSEs            | •                                      |                               | 0.00          |                      |  |  |  |
| Gross Receipts First Group \$ 0.00   |         |                                   |                      | Gross Receipts Secon  | nd Group                               | \$                            | 0.00          |                      |  |  |  |
|  |         | 0.00                              |                      |                       | •                                      |                               |               |                      |  |  |  |
| Base Rate Fee First Group \$ 0.00  |         |                                   | 0.00                 | Base Rate Fee Secon   | nd Group                               | \$                            | 0.00          |                      |  |  |  |
|  | Y-THIRD | SUBSCRIBER GROU                   |                      | 11                    | Y-FOURTH                               | SUBSCRIBER GROU               | JP            |                      |  |  |  |
| COMMUNITY/ AREA  |         |                                   | 0                    | COMMUNITY/ AREA       |  |                               | LL SIGN DSE   |                      |  |  |  |
| CALL SIGN  | DSE     | CALL SIGN                         | DSE                  | CALL SIGN             | DSE                                    | CALL SIGN                     | DSE           |                      |  |  |  |
|  |         |                                   |                      |                       | •••••••••••••••••••••••••••••••••••••• | •                             |               |                      |  |  |  |
|  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
|  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
|  |         |                                   |                      |                       | ··                                     |                               |               |                      |  |  |  |
|  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
|  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
|  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
|  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
|  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
|  |         |                                   |                      |                       |  | •                             | <mark></mark> |                      |  |  |  |
|  | ·····   |                                   |                      |                       |  | <u> </u>                      |               |                      |  |  |  |
| Total DSEs   |         |                                   | 0.00                 | Total DSEs            |  |                               | 0.00          |                      |  |  |  |
| Gross Receipts Third G   | roup    | \$                                | 0.00                 | Gross Receipts Fourth | n Group                                | \$                            | 0.00          |                      |  |  |  |
|  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
| Base Rate Fee Third Group \$ 0.00  |         |                                   | Base Rate Fee Fourth | n Group               | \$                                     | 0.00                          |               |                      |  |  |  |
|  |         |                                   |                      |                       |  |                               |               |                      |  |  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group<br>Enter here and in block 3, line 1, space L (page 7) |         |                                   |                      | as shown in the boxes | above.                                 | \$                            |               |                      |  |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|---|---------|-----------------------------------|----------------------|-----------------------|-----------|-------------------------------|---------------------------------------|--------------------------|--|
|   |         | COMPUTATION OF<br>SUBSCRIBER GROU |                      | TE FEES FOR EACH      |           | IBER GROUP<br>SUBSCRIBER GROL | JP                                    | •                        |  |
| COMMUNITY/ AREA   |         |                                   | 0                    | COMMUNITY/ AREA       |           |                               | 0                                     | 9<br>Computation         |  |
| CALL SIGN   | DSE     | CALL SIGN                         | DSE                  | CALL SIGN             | DSE       | CALL SIGN                     | DSE                                   | of                       |  |
|   |         |                                   |                      |                       |           |                               |                                       | Base Rate Fee<br>and     |  |
|   |         |                                   |                      |                       |           |                               |                                       | Syndicated               |  |
|   |         |                                   |                      |                       |           |                               |                                       | Exclusivity<br>Surcharge |  |
|   |         |                                   |                      |                       |           |                               |                                       | for                      |  |
|   |         |                                   |                      |                       |           |                               |                                       | Partially                |  |
|   |         |                                   |                      |                       |           |                               |                                       | Distant<br>Stations      |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
| Total DSEs  | ļ       |                                   | 0.00                 | Total DSEs            |           |                               | 0.00                                  |                          |  |
| Gross Receipts First Group \$ 0.00  |         |                                   |                      |                       | d Croup   | <u> </u>                      | 0.00                                  |                          |  |
|   |         | 0.00                              | Gross Receipts Secor | ia Group              | \$        | 0.00                          |                                       |                          |  |
|   |         |                                   | 0.00                 | Base Rate Fee Secor   | nd Group  | \$                            | 0.00                                  |                          |  |
|   | SEVENTH | SUBSCRIBER GROU                   |                      | 1                     | TY-EIGHTH | SUBSCRIBER GROU               | JP                                    |                          |  |
| COMMUNITY/ AREA   |         |                                   | 0                    | COMMUNITY/ AREA       |           |                               |                                       |                          |  |
| CALL SIGN   | DSE     | CALL SIGN                         | DSE                  | CALL SIGN             | DSE       | CALL SIGN                     | DSE                                   |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|   |         |                                   |                      |                       |           |                               | · · · · · · · · · · · · · · · · · · · |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
|   |         |                                   |                      |                       |           |                               |                                       |                          |  |
| Total DSEs  |         |                                   | 0.00                 | Total DSEs            |           |                               | 0.00                                  |                          |  |
| Gross Receipts Third G  | Group   | \$                                | 0.00                 | Gross Receipts Fourth | n Group   | \$                            | 0.00                                  |                          |  |
| Base Rate Fee Third Group \$ 0.00   |         |                                   | 0.00                 | Base Rate Fee Fourth  | n Group   | \$                            | 0.00                                  |                          |  |
|   |         |                                   |                      | 11                    |           |                               |                                       |                          |  |
| Base Rate Fee: Add the base rate fees for each subscriber group Enter here and in block 3, line 1, space L (page 7) |         |                                   |                      | as shown in the boxes | above.    | \$                            |                                       |                          |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                |                 |                    |                      |               |                 |      |                  |  |  |
|---|----------------|-----------------|--------------------|----------------------|---------------|-----------------|------|------------------|--|--|
|   |                |                 |                    | TE FEES FOR EAC      |               |                 |      |                  |  |  |
|   |                | 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               |  |  |
|   | DOL            | O/ LE OIOIN     | DOL                | ONLE OIGH            | DOL           |                 | DOL  | Base Rate Fe     |  |  |
|   |                |                 |                    |                      |               |                 |      | and              |  |  |
|   |                |                 |                    |                      |               |                 |      | Syndicated       |  |  |
|   |                |                 |                    |                      |               |                 |      | Exclusivity      |  |  |
|   |                |                 |                    |                      |               |                 |      | Surcharge        |  |  |
|   | ····           |                 |                    |                      | ····          |                 |      | for<br>Partially |  |  |
|   |                |                 |                    |                      |               | •               |      | Distant          |  |  |
|   |                |                 |                    |                      |               |                 |      | Stations         |  |  |
|   |                |                 |                    |                      |               |                 |      |                  |  |  |
|   |                |                 |                    |                      |               |                 |      |                  |  |  |
|   |                |                 |                    |                      |               |                 |      |                  |  |  |
|   | <mark></mark>  |                 |                    |                      | <mark></mark> |                 |      |                  |  |  |
|   | ····           |                 |                    |                      | ····          | +               |      |                  |  |  |
|   |                | ļļ              |                    |                      |               | 11              |      |                  |  |  |
| Total DSEs  |                |                 | 0.00               | Total DSEs           |               |                 | 0.00 |                  |  |  |
| Gross Receipts First Group \$ 0.00                              |                | 0.00            | Gross Receipts Sec | ond Group            | \$            | 0.00            |      |                  |  |  |
| Base Rate Fee First Group \$ 0.00                               |                |                 | 0.00               | Base Rate Fee Sec    | ond Group     | \$              | 0.00 |                  |  |  |
| NIN   | ETY-FIRST      | SUBSCRIBER GRO  | UP                 | NINE                 | TY-SECONE     | SUBSCRIBER GROU | JP   |                  |  |  |
| COMMUNITY/ AREA   |                |                 | 0                  | COMMUNITY/ ARE       | Α             |                 | 0    |                  |  |  |
| CALL SIGN   | DSE            | CALL SIGN       | DSE                | CALL SIGN            | DSE           | CALL SIGN       | DSE  |                  |  |  |
|   | ····           |                 |                    |                      | •••••         | •               |      |                  |  |  |
|   |                |                 |                    |                      | ····          |                 |      |                  |  |  |
|   |                |                 |                    |                      |               |                 |      |                  |  |  |
|   |                |                 |                    |                      |               |                 |      |                  |  |  |
|   |                |                 |                    |                      |               |                 |      |                  |  |  |
|   | ····           |                 |                    |                      |               |                 |      |                  |  |  |
|   | ····           |                 | ·                  |                      |               |                 |      |                  |  |  |
|   |                |                 | <b>.</b>           |                      |               | +               |      |                  |  |  |
|   |                |                 |                    |                      |               |                 |      |                  |  |  |
|   |                |                 |                    |                      |               |                 |      |                  |  |  |
|   |                |                 |                    |                      |               |                 |      |                  |  |  |
|   | <mark></mark>  |                 |                    |                      | <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                               |                | 0.00            | Base Rate Fee Fou  | rth Group            | \$            | 0.00            |      |                  |  |  |
|   |                |                 |                    |                      |               |                 |      |                  |  |  |
|   |                |                 | criber group       | as shown in the boxe | s above.      | ¢               |      |                  |  |  |
| Enter here and in blo   | LK 3, IIIIe 1, | space L (page / |                    |                      |               | \$              |      |                  |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC.  |          |                 |                      |                          |           |                 |                |                      |  |
|--|----------|-----------------|----------------------|--------------------------|-----------|-----------------|----------------|----------------------|--|
|  |          |                 |                      | TE FEES FOR EACH         |           |                 |                |                      |  |
| NINE <sup>-</sup><br>COMMUNITY/ AREA   | ry-third | SUBSCRIBER GROU | JP<br><b>0</b>       | NINET<br>COMMUNITY/ AREA | Y-FOURTH  | SUBSCRIBER GROU | JP<br><b>0</b> | 9                    |  |
|  |          |                 |                      |                          |           |                 |                | Computation          |  |
| CALL SIGN  | DSE      | CALL SIGN       | DSE                  | CALL SIGN                | DSE       | CALL SIGN       | DSE            | of<br>Dece Data For  |  |
|  |          |                 |                      |                          |           | +               | ••••           | Base Rate Fee<br>and |  |
|  |          |                 |                      |                          |           | +               |                | Syndicated           |  |
|  |          |                 |                      |                          |           |                 |                | Exclusivity          |  |
|  |          |                 |                      |                          |           |                 |                | Surcharge            |  |
|  |          |                 |                      |                          |           |                 |                | for                  |  |
|  |          |                 |                      |                          |           |                 |                | Partially<br>Distant |  |
|  |          |                 |                      |                          |           |                 |                | Stations             |  |
|  |          |                 |                      |                          |           |                 |                |                      |  |
|  |          |                 | _                    |                          |           |                 |                |                      |  |
|  |          |                 |                      |                          |           |                 |                |                      |  |
|  |          |                 |                      |                          |           |                 | <mark></mark>  |                      |  |
|  |          |                 |                      |                          |           |                 |                |                      |  |
|  |          |                 |                      |                          |           | 11              |                |                      |  |
| Total DSEs   |          |                 | 0.00                 | Total DSEs               |           |                 | 0.00           |                      |  |
| Gross Receipts First Group \$ 0.00   |          | 0.00            | Gross Receipts Secor | nd Group                 | \$        | 0.00            |                |                      |  |
| Base Rate Fee First Group \$ 0.00  |          |                 | 0.00                 | Base Rate Fee Secon      | id Group  | \$              | 0.00           |                      |  |
| NINE   | TY-FIFTH | SUBSCRIBER GROU | JP                   | NINI                     | ETY-SIXTH | SUBSCRIBER GROU | JP             |                      |  |
| COMMUNITY/ AREA  |          |                 | 0                    | COMMUNITY/ AREA          |           |                 | 0              |                      |  |
| CALL SIGN  | DSE      | CALL SIGN       | DSE                  | CALL SIGN                | DSE       | CALL SIGN       | DSE            |                      |  |
|  |          |                 |                      |                          |           | +               |                |                      |  |
|  |          |                 |                      |                          |           |                 |                |                      |  |
|  |          |                 |                      |                          |           |                 |                |                      |  |
|  |          |                 |                      |                          |           |                 |                |                      |  |
|  |          |                 |                      |                          |           |                 |                |                      |  |
|  |          |                 |                      |                          |           | •               | ••••           |                      |  |
|  |          |                 |                      |                          |           |                 |                |                      |  |
|  |          |                 |                      |                          |           |                 |                |                      |  |
|  |          |                 |                      |                          |           |                 | <mark></mark>  |                      |  |
|  |          |                 |                      |                          |           |                 | <mark></mark>  |                      |  |
|  |          |                 |                      |                          |           | •               |                |                      |  |
|  |          |                 |                      |                          |           |                 |                |                      |  |
| Total DSEs   |          |                 | 0.00                 | Total DSEs               |           |                 | 0.00           |                      |  |
| Gross Receipts Third G   | Group    | \$              | 0.00                 | Gross Receipts Fourth    | n Group   | \$              | 0.00           |                      |  |
|  |          |                 |                      |                          |           |                 |                |                      |  |
| Base Rate Fee Third Group \$ 0.00  |          |                 | Base Rate Fee Fourth | n Group                  | \$        | 0.00            |                |                      |  |
|  |          |                 |                      |                          |           |                 |                |                      |  |
| Base Rate Fee: Add the base rate fees for each subscriber group<br>Enter here and in block 3, line 1, space L (page 7) |          |                 |                      | as shown in the boxes    | above.    | \$              |                |                      |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                                   |             |   |                                     |     |           |      | Name                     |
|---|-----------------------------------|-------------|---|-------------------------------------|-----|-----------|------|--------------------------|
|   | COMPUTATION OF<br>SUBSCRIBER GROU |             | TE FEES FOR EACH SUBSCRIBER GROUP<br>NINETY-EIGHTH SUBSCRIBER GROUP |                                     |     |           | •    |                          |
| COMMUNITY/ AREA   |                                   |             | 0   | COMMUNITY/ AREA 0                   |     |           |      | 9<br>Computation         |
| CALL SIGN   | DSE                               | CALL SIGN   | DSE   | CALL SIGN                           | DSE | CALL SIGN | DSE  | of                       |
|   |                                   |             |   |                                     |     |           |      | Base Rate Fee<br>and     |
|   |                                   |             |   |                                     |     |           |      | Syndicated               |
|   |                                   |             |   |                                     |     |           |      | Exclusivity<br>Surcharge |
|   |                                   |             |   |                                     |     |           |      | for                      |
|   |                                   |             |   |                                     |     |           |      | Partially<br>Distant     |
|   |                                   |             |   |                                     |     |           |      | Stations                 |
|   |                                   |             |   |                                     |     | -         |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
| Total DSEs  | <u> </u>                          |             | 0.00  | Total DSEs                          |     | 11        | 0.00 |                          |
| Gross Receipts First Group \$ 0.00                              |                                   |             |   | Gross Receipts Second Group \$ 0.00 |     |           |      |                          |
|   |                                   |             | 0.00  |                                     |     |           | 0.00 |                          |
| Base Rate Fee First Group \$ 0.00                               |                                   |             |   | Base Rate Fee Second Group \$ 0.00  |     |           | 0.00 |                          |
| NINETY-NINTH SUBSCRIBER GROUP                                   |                                   |             |   |                                     |     |           |      |                          |
| COMMUNITY/ AREA 0   |                                   |             |   | COMMUNITY/ AREA 0                   |     |           |      |                          |
| CALL SIGN   | DSE                               | CALL SIGN   | DSE   | CALL SIGN                           | DSE | CALL SIGN | DSE  |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
|   |                                   |             |   |                                     |     |           |      |                          |
| Total DSEs _  |                                   | 0.00        |   | Total DSEs 0.00                     |     |           |      |                          |
| Gross Receipts Third Group                                      |                                   | \$ 0.00     |   | Gross Receipts Fourth Group \$ 0.00 |     |           | 0.00 |                          |
| Base Rate Fee Third Group                                       |                                   | \$ 0.00     |   | Base Rate Fee Fourth Group \$       |     | \$        | 0.00 |                          |
|   |                                   |             |   | 11                                  |     |           |      |                          |
| Base Rate Fee: Add th Enter here and in block                   |                                   | riber group | as shown in the boxes a   | above.                              | \$  |           |      |                          |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                                  |              |                       |           |                 |      |                   |  |  |
|--|---|----------------------------------|--------------|-----------------------|-----------|-----------------|------|-------------------|--|--|
|  |   | COMPUTATION OF<br>SUBSCRIBER GRO |              | ATE FEES FOR EAC      |           | BER GROUP       | JP   |                   |  |  |
| COMMUNITY/ AREA                          |   |                                  | 0            | COMMUNITY/ AREA       |           |                 | 0    | 9<br>Computation  |  |  |
| CALL SIGN                                | DSE   | CALL SIGN                        | DSE          | CALL SIGN             | DSE       | CALL SIGN       | DSE  | of                |  |  |
|  |   |                                  |              |                       |           |                 |      | Base Rate Fee     |  |  |
|  |   |                                  |              |                       |           |                 |      | and<br>Syndicated |  |  |
|  |   |                                  |              |                       |           |                 |      | Exclusivity       |  |  |
|  |   |                                  |              |                       |           |                 |      | Surcharge         |  |  |
|  |   |                                  |              |                       |           |                 |      | for<br>Partially  |  |  |
|  |   |                                  |              |                       |           |                 |      | Distant           |  |  |
|  |   |                                  |              |                       |           |                 |      | Stations          |  |  |
|  | ••••  |                                  |              |                       |           |                 |      |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
| Total DSEc                               |   | 11                               | 0.00         | Total DSEs            |           | 11              | 0.00 |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
| Gross Receipts First Group \$ 0.00       |   |                                  | 0.00         | Gross Receipts Seco   | ond Group | \$              | 0.00 |                   |  |  |
| Base Rate Fee First                      | Group   | \$                               | 0.00         | Base Rate Fee Seco    | ond Group | \$              | 0.00 |                   |  |  |
| ONE HUND                                 | RED THIRD   | SUBSCRIBER GRO                   | UP           | ONE HUNDRE            | ED FOURTH | SUBSCRIBER GROU | JP   |                   |  |  |
| COMMUNITY/ AREA                          |   |                                  | 0            | COMMUNITY/ AREA       |           |                 | 0    |                   |  |  |
| CALL SIGN                                | DSE   | CALL SIGN                        | DSE          | CALL SIGN             | DSE       | CALL SIGN       | DSE  |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
|  |   |                                  |              |                       |           |                 |      |                   |  |  |
|  |   | -                                |              |                       |           |                 |      |                   |  |  |
|  |   |                                  |              | ·                     |           | <u>  </u>       |      |                   |  |  |
| Total DSEs                               |   |                                  | 0.00         | Total DSEs            |           |                 | 0.00 |                   |  |  |
| Gross Receipts Third                     | l Group   | \$                               | 0.00         | Gross Receipts Four   | th Group  | \$              | 0.00 |                   |  |  |
| Base Rate Fee Third Group \$ 0.00        |   |                                  | 0.00         | Base Rate Fee Four    | th Group  | \$              | 0.00 |                   |  |  |
| <u> </u>                                 |   |                                  |              | 11                    |           |                 |      |                   |  |  |
| Base Rate Fee: Add Enter here and in blo |   |                                  | criber group | as shown in the boxes | above.    | \$              |      |                   |  |  |
|  | . ,   |                                  |              |                       |           |                 |      |                   |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     SYSTEM ID# |              |                  |              |                       |  |                   |      |                    |  |
|--|--------------|------------------|--------------|-----------------------|--|-------------------|------|--------------------|--|
| Bl   | OCK A: (     | COMPUTATION OF   | BASE RA      | TE FEES FOR EACH      | H SUBSCR                               | RIBER GROUP       |      |                    |  |
| ONE HUNDR  | ED FIFTH     | SUBSCRIBER GRO   | UP           | ONE HUND              | RED SIXTH                              | I SUBSCRIBER GROU | JP   | 0                  |  |
| COMMUNITY/ AREA  |              |                  | 0            | COMMUNITY/ AREA       |  |                   | 0    | 9                  |  |
|  |              |                  |              |                       | Dec                                    |                   |      | Computation        |  |
| CALL SIGN  | DSE          | CALL SIGN        | DSE          | CALL SIGN             | DSE                                    | CALL SIGN         | DSE  | of<br>Base Rate Fe |  |
|  |              |                  |              | -                     | •••                                    |                   |      | 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 Seco   | nd Group                               | ¢                 | 0.00 |                    |  |
| GIUSS Receipts Filst G   | ioup         | \$               | 0.00         | GIUSS Receipts Seco   | nu Group                               | \$                | 0.00 |                    |  |
| Base Rate Fee First G  | roup         | \$               | 0.00         | Base Rate Fee Secon   | nd Group                               | \$                | 0.00 |                    |  |
| ONE HUNDRED S  | SEVENTH      | SUBSCRIBER GRO   | UP           | ONE HUNDR             | ED EIGHTH                              | I SUBSCRIBER GROU | JP   |                    |  |
| COMMUNITY/ AREA  |              |                  | 0            | COMMUNITY/ AREA       |  |                   | 0    |                    |  |
| CALL SIGN  | DSE          | CALL SIGN        | DSE          | CALL SIGN             | DSE                                    | CALL SIGN         | DSE  |                    |  |
|  |              |                  |              |                       | <mark></mark>                          | •                 | ···· |                    |  |
|  |              |                  |              | -                     | •••                                    |                   |      |                    |  |
|  |              |                  |              |                       | <mark></mark>                          |                   |      |                    |  |
|  |              | -                |              |                       | •••                                    | •                 |      |                    |  |
|  |              |                  |              |                       | •••                                    | ++                |      |                    |  |
|  |              | -                |              |                       |  |                   |      |                    |  |
|  | 1            |                  |              |                       |  |                   |      |                    |  |
|  |              |                  |              |                       |  |                   |      |                    |  |
|  |              |                  |              |                       |  |                   |      |                    |  |
|  |              |                  |              |                       |  |                   |      |                    |  |
|  |              |                  |              |                       |  |                   |      |                    |  |
|  |              |                  |              |                       |  |                   |      |                    |  |
|  |              |                  |              |                       |  |                   |      |                    |  |
|  |              |                  |              |                       |  |                   |      |                    |  |
| Total DSEs   |              |                  | 0.00         | Total DSEs            |  |                   | 0.00 |                    |  |
| Gross Receipts Third G   | Group        | \$               | 0.00         | Gross Receipts Fourt  | h Group                                | \$                | 0.00 |                    |  |
|  |              |                  |              |                       |  |                   |      |                    |  |
| Base Rate Fee Third Group \$ 0.00  |              |                  |              | Base Rate Fee Fourt   | h Group                                | \$                | 0.00 |                    |  |
|  |              |                  |              | 11                    |  |                   |      |                    |  |
| Base Rate Fee: Add th  |              |                  | criber group | as shown in the boxes | above.                                 |                   |      |                    |  |
| Enter here and in block  | 3, line 1, s | space L (page 7) |              |                       |  | \$                |      |                    |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |   |                  |              |                       |  |                 |                            |                    |  |
|---|---|------------------|--------------|-----------------------|--|-----------------|----------------------------|--------------------|--|
|   |   |                  |              | TE FEES FOR EAC       |  | RIBER GROUP     |                            |                    |  |
| ONE HUNDRE  | ED NINTH                                | SUBSCRIBER GRO   | UP           | ONE HUNDF             | RED TENTH                              | SUBSCRIBER GROU | JP                         | ٥                  |  |
| COMMUNITY/ AREA   |   |                  | 0            | COMMUNITY/ AREA       |  |                 | 0                          | 9                  |  |
|   |   |                  |              |                       |  |                 |                            | Computation        |  |
| CALL SIGN   | DSE                                     | CALL SIGN        | DSE          | CALL SIGN             | DSE                                    | CALL SIGN       | DSE                        | of<br>Base Rate Fe |  |
|   | •• ••••••                               |                  |              |                       | ···                                    |                 |                            | and                |  |
|   | ••••••••••••••••••••••••••••••••••••••• |                  |              |                       | •••••••••••••••••••••••••••••••••••••• | •               |                            | Syndicated         |  |
|   |   |                  |              |                       | •••••••••••••••••••••••••••••••••••••• |                 |                            | Exclusivity        |  |
|   |   |                  |              |                       | ••• <mark>•</mark> ••••••              |                 |                            | Surcharge          |  |
|   |   |                  |              |                       |  |                 |                            | for                |  |
|   |   |                  |              |                       |  |                 |                            | Partially          |  |
|   |   |                  |              |                       |  |                 |                            | Distant            |  |
|   |   |                  |              |                       |  |                 |                            | Stations           |  |
|   |   |                  |              |                       |  |                 |                            |                    |  |
|   |   |                  |              |                       |  |                 |                            |                    |  |
|   | <mark></mark>                           |                  |              |                       |  |                 |                            |                    |  |
|   |   |                  |              |                       |  |                 |                            |                    |  |
|   | <mark></mark>                           |                  |              |                       |  |                 |                            |                    |  |
|   |   |                  |              |                       |  |                 |                            |                    |  |
| Total DSEs  |   |                  | 0.00         | Total DSEs            |  |                 | 0.00                       |                    |  |
| Gross Receipts First G  |   |                  |              |                       | nd Group                               | ¢               | 0.00                       |                    |  |
| Gloss Receipts First G  | noup                                    | \$               | 0.00         | Gross Receipts Seco   | nu Group                               | \$              | 0.00                       |                    |  |
| <b>Base Rate Fee</b> First G                                    | roup                                    | \$               | 0.00         | Base Rate Fee Seco    | nd Group                               | \$              | 0.00                       |                    |  |
| ONE HUNDRED E   | LEVENTH                                 | SUBSCRIBER GRO   | UP           | ONE HUNDRED           | TWELVTH                                | SUBSCRIBER GROU | JP                         |                    |  |
| COMMUNITY/ AREA   |   |                  | 0            | COMMUNITY/ AREA       |  |                 | 0                          |                    |  |
| CALL SIGN   | DSE                                     | CALL SIGN        | DSE          | CALL SIGN             | DSE                                    | CALL SIGN       | DSE                        |                    |  |
|   | ··                                      |                  |              |                       | <mark></mark>                          | ++              | •••• <mark>•</mark> •••••• |                    |  |
|   | ··                                      |                  |              |                       | ···                                    |                 |                            |                    |  |
|   | ••••••••••••••••••••••••••••••••••••••• |                  |              |                       | •••••••••••••••••••••••••••••••••••••• | •               |                            |                    |  |
|   |   |                  |              |                       | ••••                                   |                 |                            |                    |  |
|   |   |                  |              |                       | ••• <mark>•</mark> ••••••              |                 |                            |                    |  |
|   |   |                  |              |                       |  |                 |                            |                    |  |
|   |   |                  |              |                       |  |                 |                            |                    |  |
|   |   |                  |              | ][                    |  |                 |                            |                    |  |
|   |   |                  |              |                       |  |                 |                            |                    |  |
|   |   |                  |              |                       |  |                 |                            |                    |  |
|   | <mark>.  </mark>                        |                  |              |                       |  |                 |                            |                    |  |
|   | <mark></mark>                           |                  |              |                       |  |                 |                            |                    |  |
|   | <mark></mark>                           |                  |              |                       |  |                 | <mark></mark>              |                    |  |
|   |   |                  |              |                       |  |                 |                            |                    |  |
| Total DSEs  |   |                  | 0.00         | Total DSEs            |  |                 | 0.00                       |                    |  |
| Gross Receipts Third C  | Group                                   | \$               | 0.00         | Gross Receipts Fourt  | h Group                                | \$              | 0.00                       |                    |  |
|   |   |                  |              |                       |  |                 |                            |                    |  |
| Base Rate Fee Third Group \$ 0.00                               |   |                  |              | Base Rate Fee Fourt   | h Group                                | \$              | 0.00                       |                    |  |
|   |   |                  |              |                       |  |                 |                            |                    |  |
|   |   |                  | criber group | as shown in the boxes | above.                                 |                 |                            |                    |  |
| Enter here and in block   | < 3, line 1, s                          | space L (page 7) |              |                       |  | \$              |                            |                    |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |         |                 |                      |                         |          |                   |      |                     |  |
|---|---------|-----------------|----------------------|-------------------------|----------|-------------------|------|---------------------|--|
| BL  | OCKA: ( | COMPUTATION OF  | BASE RA              | ATE FEES FOR EACH       | SUBSCF   | RIBER GROUP       |      |                     |  |
| ONE HUNDRED THIR  | TEENTH  | SUBSCRIBER GROU | JP                   | ONE HUNDRED FOL         | JRTEENTH | I SUBSCRIBER GROU | IP   | 0                   |  |
| COMMUNITY/ AREA   |         |                 | 0                    | COMMUNITY/ AREA         |          |                   | 0    | 9                   |  |
|   | DOF     |                 |                      |                         |          |                   |      | Computation         |  |
| CALL SIGN   | DSE     | CALL SIGN       | DSE                  | CALL SIGN               | DSE      | CALL SIGN         | DSE  | of<br>Base Rate Fe  |  |
|   |         |                 |                      |                         |          | +                 |      | and                 |  |
|   |         | -               |                      |                         |          |                   |      | Syndicated          |  |
|   |         |                 |                      |                         |          |                   |      | Exclusivity         |  |
|   |         | _               |                      |                         |          |                   |      | Surcharge           |  |
|   |         |                 |                      |                         |          |                   |      | for                 |  |
|   |         |                 |                      |                         |          |                   |      | Partially           |  |
|   |         |                 |                      |                         |          |                   |      | Distant<br>Stations |  |
|   |         |                 |                      |                         |          | •                 |      | Stations            |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
| Total DSEs  |         |                 | 0.00                 | Total DSEs              |          |                   | 0.00 |                     |  |
| Gross Receipts First Group \$ 0.00                              |         | 0.00            | Gross Receipts Secon | d Group                 | \$       | 0.00              |      |                     |  |
| Base Rate Fee First Gr  | oup     | \$              | 0.00                 | Base Rate Fee Secon     | d Group  | \$                | 0.00 |                     |  |
| ONE HUNDRED FIF   | TEENTH  | SUBSCRIBER GROU | JP                   | ONE HUNDRED S           | IXTEENTH | I SUBSCRIBER GROL | IP   |                     |  |
| COMMUNITY/ AREA   |         |                 | 0                    | COMMUNITY/ AREA         |          |                   | 0    |                     |  |
| CALL SIGN   | DSE     | CALL SIGN       | DSE                  | CALL SIGN               | DSE      | CALL SIGN         | DSE  |                     |  |
|   |         |                 |                      |                         |          | •                 |      |                     |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
| <br>  |         |                 |                      |                         |          |                   |      |                     |  |
|   |         |                 |                      |                         |          | •                 |      |                     |  |
|   |         | -               |                      |                         |          |                   |      |                     |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
|   |         |                 |                      |                         |          |                   |      |                     |  |
| Total DSEs  | ıl      |                 | 0.00                 | Total DSEs              | 1        | 11                | 0.00 |                     |  |
| Gross Receipts Third G  | roun    | \$              | 0.00                 | Gross Receipts Fourth   | Group    | \$                | 0.00 |                     |  |
|   | Jup     | \$              | 5.00                 |                         | , oroup  | <u>*</u>          | 0.00 |                     |  |
| Base Rate Fee Third G   | roup    | \$              | 0.00                 | Base Rate Fee Fourth    | n Group  | \$                | 0.00 |                     |  |
| Base Rate Fee: Add the Enter here and in block                  |         |                 | riber group          | as shown in the boxes a | above.   | \$                |      |                     |  |

L

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                   |               |                      |            |                 |      |                          |  |  |
|---|---|-------------------|---------------|----------------------|------------|-----------------|------|--------------------------|--|--|
|   |   |                   |               | ATE FEES FOR EAG     | CH SUBSCR  | IBER GROUP      |      |                          |  |  |
|   |   | I SUBSCRIBER GROU |               | 11                   |            | SUBSCRIBER GROU |      | 9                        |  |  |
| COMMUNITY/ ARE                            | EA  |                   | 0             | COMMUNITY/ ARE       | EA         |                 | 0    | Computation              |  |  |
| CALL SIGN                                 | DSE   | CALL SIGN         | DSE           | CALL SIGN            | DSE        | CALL SIGN       | DSE  | of                       |  |  |
|   |   |                   |               |                      |            |                 |      | Base Rate Fee            |  |  |
|   |   |                   |               |                      |            |                 |      | and                      |  |  |
|   |   |                   | <mark></mark> |                      |            |                 |      | Syndicated               |  |  |
|   | ·····   |                   |               |                      |            |                 |      | Exclusivity<br>Surcharge |  |  |
|   | •••••   | +                 |               | •                    |            | •               |      | for                      |  |  |
|   |   |                   |               |                      |            |                 |      | Partially                |  |  |
|   |   |                   |               |                      |            |                 |      | Distant                  |  |  |
|   |   |                   |               |                      |            |                 |      | Stations                 |  |  |
|   | ••••••  |                   | <mark></mark> |                      |            |                 |      |                          |  |  |
|   |   |                   | <mark></mark> |                      |            |                 |      |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
| Total DSEs                                |   |                   | 0.00          | Total DSEs           |            |                 | 0.00 |                          |  |  |
| Gross Receipts First Group \$ 0.00        |   |                   |               | Gross Receipts Sec   | cond Group | \$              | 0.00 |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
| Base Rate Fee Firs                        |   | \$                | 0.00          | Base Rate Fee Sec    |            | \$              | 0.00 |                          |  |  |
|   |   | SUBSCRIBER GRO    |               |                      |            | SUBSCRIBER GRC  |      |                          |  |  |
| COMMUNITY/ ARE                            | A   |                   | 0             | COMMUNITY/ ARE       | A          |                 | 0    |                          |  |  |
| CALL SIGN                                 | DSE   | CALL SIGN         | DSE           | CALL SIGN            | DSE        | CALL SIGN       | DSE  |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
|   | ·····   |                   |               |                      |            |                 |      |                          |  |  |
|   | •••••   |                   |               | •                    |            | •               |      |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
|   |   |                   | <mark></mark> |                      |            |                 |      |                          |  |  |
|   |   |                   | <mark></mark> |                      |            |                 |      |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
| Total DSEs                                |   |                   | 0.00          | Total DSEs           |            |                 | 0.00 |                          |  |  |
| Gross Receipts Thi                        | rd Group  | \$                | 0.00          | Gross Receipts Fou   | urth Group | \$              | 0.00 |                          |  |  |
| Deep Data D. T.                           |   |                   | 0.00          | Dana Data E E        |            |                 | 0.00 |                          |  |  |
| Base Rate Fee Third Group \$ 0.00         |   |                   |               | Base Rate Fee Fou    | Inth Group | \$              | 0.00 |                          |  |  |
|   |   |                   |               |                      |            |                 |      |                          |  |  |
| Base Rate Fee: Ad<br>Enter here and in bl |   |                   | scriber group | as shown in the boxe | es above.  | \$              |      |                          |  |  |
|   | .,  |                   |               |                      |            |                 |      |                          |  |  |

| LEGAL NAME OF OW<br>CABLE ONE, IN           |         | LE SYSTEM:                         | -           |                       |               | S                              | YSTEM ID#     | Name                    |
|---|---------|------------------------------------|-------------|-----------------------|---------------|--------------------------------|---------------|-------------------------|
|   |         | COMPUTATION OF<br>SUBSCRIBER GROUP |             | TE FEES FOR EAC       |               | IBER GROUP<br>SUBSCRIBER GROUP | ,             |                         |
| COMMUNITY/ ARE                              |         |                                    | 0           | COMMUNITY/ AREA       |               |                                | 0             | <b>9</b><br>Computation |
| CALL SIGN                                   | DSE     | CALL SIGN                          | DSE         | CALL SIGN             | DSE           | CALL SIGN                      | DSE           | of                      |
|   |         |                                    |             |                       |               |                                |               | Base Rate Fee           |
|   |         |                                    |             |                       |               |                                |               | and<br>Syndicated       |
|   |         |                                    |             |                       |               |                                |               | Exclusivity             |
|   |         |                                    |             |                       |               |                                |               | Surcharge<br>for        |
|   | •••••   |                                    |             |                       |               |                                |               | Partially               |
|   |         |                                    |             |                       |               | -                              |               | Distant                 |
|   | ·····   |                                    |             |                       |               |                                |               | Stations                |
|   |         |                                    |             |                       | <b></b>       |                                | <mark></mark> |                         |
|   |         |                                    |             |                       |               | -                              |               |                         |
|   | ·····   |                                    |             |                       | <mark></mark> |                                |               |                         |
|   | •••••   |                                    |             |                       |               |                                |               |                         |
| Total DSEs                                  |         |                                    | 0.00        | Total DSEs            |               | ++                             | 0.00          |                         |
| Gross Receipts First                        | t Group | \$                                 | 0.00        | Gross Receipts Seco   | nd Group      | \$                             | 0.00          |                         |
|   | ( Cloup | •                                  |             |                       |               | •                              |               |                         |
| Base Rate Fee First                         |         | \$                                 | 0.00        | Base Rate Fee Seco    |               | \$                             | 0.00          |                         |
|   |         | SUBSCRIBER GROUP                   | 0           |                       |               | SUBSCRIBER GROUP               | 0             |                         |
| COMMUNITY/ ARE                              | A       |                                    | U           | COMMUNITY/ AREA       |               |                                | <u> </u>      |                         |
| CALL SIGN                                   | DSE     | CALL SIGN                          | DSE         | CALL SIGN             | DSE           | CALL SIGN                      | DSE           |                         |
|   |         |                                    |             |                       |               |                                |               |                         |
|   |         |                                    |             |                       |               |                                |               |                         |
|   |         | -                                  |             |                       |               |                                |               |                         |
|   |         |                                    |             |                       |               |                                |               |                         |
|   |         |                                    |             |                       |               |                                |               |                         |
|   | •••••   |                                    |             |                       |               |                                |               |                         |
|   |         | ]                                  |             |                       |               |                                |               |                         |
|   |         |                                    |             |                       | <mark></mark> | _                              | <mark></mark> |                         |
|   |         |                                    |             |                       |               |                                |               |                         |
|   |         |                                    |             |                       |               |                                |               |                         |
|   | ·····   |                                    |             |                       | <mark></mark> |                                |               |                         |
| T ( ) DOT                                   |         |                                    | 0.00        | T 1 1 5 0 5           |               |                                | 0.00          |                         |
| Total DSEs                                  |         |                                    | 0.00        | Total DSEs            |               |                                | 0.00          |                         |
| Gross Receipts Thir                         | d Group | \$                                 | 0.00        | Gross Receipts Four   | h Group       | \$                             | 0.00          |                         |
| Base Rate Fee Thir                          | d Group | \$                                 | 0.00        | Base Rate Fee Fourt   | h Group       | \$                             | 0.00          |                         |
|   |         |                                    |             |                       |               |                                |               |                         |
| Base Rate Fee: Add<br>Enter here and in blo |         |                                    | riber group | as shown in the boxes | above.        | s                              |               |                         |
|   |         | pace L (paye 1)                    |             |                       |               | Ψ                              |               |                         |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                                  |               |                      |             |                    |      |                   |  |  |  |
|--|---|----------------------------------|---------------|----------------------|-------------|--------------------|------|-------------------|--|--|--|
|  | WENTY-FIFTH   | COMPUTATION O<br>SUBSCRIBER GROU | Þ             | 11                   | VENTY-SIXTH | RIBER GROUP        |      | 9                 |  |  |  |
| COMMUNITY/ ARE                             | A   |                                  | 0             | COMMUNITY/ AREA      | ۹           |                    | 0    | Computation       |  |  |  |
| CALL SIGN                                  | DSE   | CALL SIGN                        | DSE           | CALL SIGN            | DSE         | CALL SIGN          | DSE  | of                |  |  |  |
|  |   |                                  |               |                      |             |                    |      | Base Rate Fe      |  |  |  |
|  |   |                                  |               |                      |             | ••                 |      | and<br>Syndicated |  |  |  |
|  |   | +                                |               |                      |             |                    |      | Exclusivity       |  |  |  |
|  |   |                                  |               |                      |             |                    |      | Surcharge         |  |  |  |
|  |   |                                  |               |                      | ····        | ••                 |      | for<br>Partially  |  |  |  |
|  |   |                                  |               |                      |             |                    |      | Distant           |  |  |  |
|  |   |                                  |               |                      |             |                    |      | Stations          |  |  |  |
|  |   |                                  |               |                      |             | •                  |      |                   |  |  |  |
|  |   |                                  |               |                      |             |                    |      |                   |  |  |  |
|  |   |                                  | <mark></mark> |                      |             |                    |      |                   |  |  |  |
|  |   |                                  |               |                      | ••••        | •                  |      |                   |  |  |  |
| Total DSEs                                 |   |                                  | 0.00          | Total DSEs           |             | 11                 | 0.00 |                   |  |  |  |
|  |   |                                  |               | Gross Receipts Seco  | and Group   | ¢                  | 0.00 |                   |  |  |  |
| Gloss Receipts I lis                       | Gloup   | \$                               | 0.00          | Gloss Receipts Sect  |             | \$                 | 0.00 |                   |  |  |  |
| Base Rate Fee Firs                         | t Group   | \$                               | 0.00          | Base Rate Fee Seco   | ond Group   | \$                 | 0.00 |                   |  |  |  |
|  |   | SUBSCRIBER GROU                  | Þ             | ONE HUNDRED TWE      | ENTY-EIGHTH | H SUBSCRIBER GROUP | þ    |                   |  |  |  |
| COMMUNITY/ ARE                             | A   |                                  | 0             | COMMUNITY/ ARE       | Α           |                    | 0    |                   |  |  |  |
| CALL SIGN                                  | DSE   | CALL SIGN                        | DSE           | CALL SIGN            | DSE         | CALL SIGN          | DSE  |                   |  |  |  |
|  |   |                                  |               |                      |             |                    |      |                   |  |  |  |
|  |   |                                  |               |                      |             |                    |      |                   |  |  |  |
|  |   |                                  | <mark></mark> |                      | ••••        | •                  |      |                   |  |  |  |
|  |   |                                  |               |                      |             |                    |      |                   |  |  |  |
|  |   |                                  |               |                      |             | ••                 |      |                   |  |  |  |
|  |   |                                  | ··            | •                    | ••••        |                    |      |                   |  |  |  |
|  |   |                                  |               |                      |             |                    |      |                   |  |  |  |
|  |   |                                  |               |                      |             |                    |      |                   |  |  |  |
|  | ·····   |                                  |               |                      | ····        | •                  |      |                   |  |  |  |
|  |   |                                  |               |                      |             |                    |      |                   |  |  |  |
|  |   |                                  |               |                      |             |                    |      |                   |  |  |  |
| Total DSEs                                 |   |                                  | 0.00          | Total DSEs           |             |                    | 0.00 |                   |  |  |  |
| Gross Receipts Thir                        | rd Group  | \$                               | 0.00          | Gross Receipts Four  | rth Group   | \$                 | 0.00 |                   |  |  |  |
|  |   |                                  |               |                      |             |                    |      |                   |  |  |  |
| Base Rate Fee Third Group \$ 0.00          |   |                                  |               | Base Rate Fee Four   | rth Group   | \$                 | 0.00 |                   |  |  |  |
|  |   |                                  |               |                      |             |                    |      |                   |  |  |  |
| Base Rate Fee: Ade<br>Enter here and in bl |   |                                  | criber group  | as shown in the boxe | s above.    | \$                 |      |                   |  |  |  |
|  | -,,   |                                  |               |                      |             |                    |      |                   |  |  |  |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |                 |               |                      |            |                  |      |                           |  |  |
|---|---|-----------------|---------------|----------------------|------------|------------------|------|---------------------------|--|--|
|   |   |                 |               | ATE FEES FOR EAG     | CH SUBSCF  | RIBER GROUP      |      |                           |  |  |
|   |   | SUBSCRIBER GROU |               |                      |            | SUBSCRIBER GROUI |      | 9                         |  |  |
| COMMUNITY/ ARE                            | :A  |                 | 0             | COMMUNITY/ ARE       | :A         |                  | 0    | Computation               |  |  |
| CALL SIGN                                 | DSE   | CALL SIGN       | DSE           | CALL SIGN            | DSE        | CALL SIGN        | DSE  | of                        |  |  |
|   |   |                 |               |                      |            |                  |      | Base Rate Fee             |  |  |
|   |   |                 |               |                      |            |                  |      | and                       |  |  |
|   | ••••••  |                 |               |                      |            |                  |      | Syndicated<br>Exclusivity |  |  |
|   |   |                 |               | -                    |            |                  |      | Surcharge                 |  |  |
|   |   |                 |               |                      |            |                  |      | for                       |  |  |
|   |   |                 |               |                      |            |                  |      | Partially                 |  |  |
|   | ·····   |                 |               |                      |            |                  |      | Distant                   |  |  |
|   | ·····   |                 |               | •                    |            |                  |      | Stations                  |  |  |
|   |   |                 |               |                      |            |                  |      |                           |  |  |
|   |   | <b> </b>        |               |                      |            |                  |      |                           |  |  |
|   |   |                 |               |                      |            |                  |      |                           |  |  |
|   | ·····   | +               |               |                      |            |                  |      |                           |  |  |
| Total DSEs                                |   | 11              | 0.00          | Total DSEs           |            | 11               | 0.00 |                           |  |  |
|   |   |                 |               |                      |            |                  |      |                           |  |  |
| Gross Receipts Firs                       | st Group  | \$              | 0.00          | Gross Receipts Sec   | cond Group | \$               | 0.00 |                           |  |  |
| Base Rate Fee Firs                        | st Group  | \$              | 0.00          | Base Rate Fee Sec    | cond Group | \$               | 0.00 |                           |  |  |
| ONE HUNDRED                               | THIRTY-FIRST  | SUBSCRIBER GROU | IP            |                      |            | SUBSCRIBER GROUI | P    |                           |  |  |
| COMMUNITY/ ARE                            | EA  |                 | 0             | COMMUNITY/ ARE       | A          |                  | 0    |                           |  |  |
| CALL SIGN                                 | DSE   | CALL SIGN       | DSE           | CALL SIGN            | DSE        | CALL SIGN        | DSE  |                           |  |  |
|   |   |                 |               |                      |            |                  |      |                           |  |  |
|   |   |                 |               |                      |            |                  |      |                           |  |  |
|   | ·····   |                 |               |                      |            |                  |      |                           |  |  |
|   |   |                 |               | •                    |            |                  |      |                           |  |  |
|   |   |                 |               |                      |            |                  |      |                           |  |  |
|   |   |                 |               |                      |            |                  |      |                           |  |  |
|   | •••••••   |                 |               |                      | ·····      |                  |      |                           |  |  |
|   |   |                 |               |                      |            |                  |      |                           |  |  |
|   |   |                 |               |                      |            |                  |      |                           |  |  |
|   |   |                 |               |                      |            |                  |      |                           |  |  |
|   | •••••   |                 |               |                      | ·····      |                  |      |                           |  |  |
| Total DSEs                                |   | ······          | 0.00          | Total DSEs           |            |                  | 0.00 |                           |  |  |
| Gross Receipts Thi                        | rd Group  | \$              | 0.00          | Gross Receipts Fou   | irth Group | \$               | 0.00 |                           |  |  |
|   |   |                 |               |                      |            |                  |      |                           |  |  |
| Base Rate Fee Thi                         | rd Group  | \$              | 0.00          | Base Rate Fee Fou    | irth Group | \$               | 0.00 |                           |  |  |
|   |   |                 |               |                      |            | <b></b>          |      |                           |  |  |
| Base Rate Fee: Ad<br>Enter here and in bl |   |                 | scriber group | as shown in the boxe | es above.  | \$               |      |                           |  |  |
|   |   |                 |               |                      |            | L                |      |                           |  |  |

| LEGAL NAME OF OWNE                             | ER OF CABI          | LE SYSTEM:             | -            |                       |           | S                | YSTEM ID#     | Name              |
|--|---------------------|------------------------|--------------|-----------------------|-----------|------------------|---------------|-------------------|
|  |                     |                        |              | TE FEES FOR EACH      |           |                  |               |                   |
| ONE HUNDRED THI                                | KIY-IHIRD           | SUBSCRIBER GROUF       | 0            | ONE HUNDRED THIR      | IY-FOURTH | SUBSCRIBER GROUF | 。<br>0        | 9                 |
| CALL SIGN                                      | DSE                 | CALL SIGN              | DSE          | CALL SIGN             | DSE       | CALL SIGN        | DSE           | Computation<br>of |
|  |                     |                        |              |                       |           |                  |               | Base Rate Fee     |
|  |                     |                        |              |                       |           |                  | ····          | and<br>Syndicated |
|  |                     |                        |              |                       |           |                  |               | Exclusivity       |
|  |                     |                        |              |                       |           | _                |               | Surcharge         |
|  |                     |                        |              |                       |           |                  |               | for<br>Partially  |
|  |                     |                        |              |                       |           |                  | ••••          | Distant           |
|  |                     |                        |              |                       |           | _                |               | Stations          |
|  |                     |                        |              |                       |           |                  |               |                   |
|  |                     | +                      |              |                       |           |                  |               |                   |
|  |                     |                        |              |                       |           | _                |               |                   |
|  |                     |                        |              |                       |           |                  |               |                   |
|  |                     |                        |              |                       |           |                  |               |                   |
| Total DSEs                                     |                     |                        | 0.00         | Total DSEs            |           |                  | 0.00          |                   |
| Gross Receipts First Group \$ 0.00             |                     |                        | 0.00         | Gross Receipts Secor  | nd Group  | \$               | 0.00          |                   |
| Base Rate Fee First G                          | Group               | \$                     | 0.00         | Base Rate Fee Secon   | nd Group  | \$               | 0.00          |                   |
| ONE HUNDRED THIF                               | RTY-FIFTH           | SUBSCRIBER GRO         | JP           | ONE HUNDRED THI       | RTY-SIXTH | SUBSCRIBER GRO   | UP            |                   |
| COMMUNITY/ AREA                                |                     |                        | 0            | COMMUNITY/ AREA       |           |                  | 0             |                   |
| CALL SIGN                                      | DSE                 | CALL SIGN              | DSE          | CALL SIGN             | DSE       | CALL SIGN        | DSE           |                   |
|  |                     |                        |              |                       |           |                  |               |                   |
|  |                     |                        |              |                       |           |                  |               |                   |
|  |                     |                        |              |                       |           |                  |               |                   |
|  | ···                 |                        |              |                       |           |                  |               |                   |
|  |                     |                        |              |                       |           | -                |               |                   |
|  |                     |                        |              |                       |           |                  | <mark></mark> |                   |
|  |                     |                        |              |                       |           |                  |               |                   |
|  |                     |                        |              |                       |           |                  |               |                   |
|  |                     |                        |              |                       |           |                  |               |                   |
|  |                     |                        |              |                       | •         |                  |               |                   |
|  |                     |                        |              |                       |           |                  |               |                   |
| Total DSEs                                     | _                   |                        | 0.00         | Total DSEs            | _         |                  | 0.00          |                   |
| Gross Receipts Third (                         | Group               | \$                     | 0.00         | Gross Receipts Fourth | n Group   | \$               | 0.00          |                   |
| Base Rate Fee Third Group \$ 0.00              |                     |                        |              | Base Rate Fee Fourth  | n Group   | \$               | 0.00          |                   |
| Base Rate Fee: Add the Enter here and in block | he <b>base ra</b> t | te fees for each subso | criber group | as shown in the boxes | above.    | \$               |               |                   |
|  |                     | opado - (page /        |              |                       |           | •                |               |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. |               |                                    |                |                      |                                       |                |               |                     |
|---|---------------|------------------------------------|----------------|----------------------|---------------------------------------|----------------|---------------|---------------------|
| ONE HUNDRED THIR  | RTY-SEVENTH   | COMPUTATION OI<br>SUBSCRIBER GROUI |                | ATE FEES FOR EAC     | IIRTY-EIGHTH                          | IBER GROUP     | ,<br>0        | 9                   |
|   |               |                                    | · · · · ·      |                      | · · · · · · · · · · · · · · · · · · · |                |               | Computation         |
| CALL SIGN   | DSE           | CALL SIGN                          | DSE            | CALL SIGN            | DSE                                   | CALL SIGN      | DSE           | of                  |
|   |               |                                    |                |                      |                                       |                |               | Base Rate Fe        |
|   | ·····         |                                    |                |                      | ••••                                  | +              |               | and<br>Syndicated   |
|   |               |                                    |                |                      |                                       | +              |               | Exclusivity         |
|   |               |                                    |                |                      |                                       |                |               | Surcharge           |
|   |               |                                    |                |                      |                                       |                |               | for                 |
|   |               |                                    |                |                      |                                       |                |               | Partially           |
|   | ·····         |                                    |                |                      | ••••                                  | +              |               | Distant<br>Stations |
|   | •••••         |                                    | <b>.</b>       |                      | ••••                                  |                |               | Stations            |
|   |               |                                    |                |                      |                                       |                |               |                     |
|   |               |                                    |                |                      |                                       |                |               |                     |
|   |               |                                    |                |                      |                                       |                | <mark></mark> |                     |
|   |               |                                    |                |                      |                                       |                |               |                     |
|   |               | 11                                 |                |                      |                                       | 11             | 0.00          |                     |
| Total DSEs  |               |                                    | 0.00           | Total DSEs           |                                       |                | 0.00          |                     |
| Gross Receipts Firs   | t Group       | \$                                 | 0.00           | Gross Receipts Sec   | ond Group                             | \$             | 0.00          |                     |
| Base Rate Fee Firs  | t Group       | \$                                 | 0.00           | Base Rate Fee Seco   | ond Group                             | \$             | 0.00          |                     |
|   |               | SUBSCRIBER GRO                     | UP             | ONE HUNDREI          | D FORTIETH                            | SUBSCRIBER GRO | UP            |                     |
| COMMUNITY/ ARE  | Α             |                                    | 0              | COMMUNITY/ ARE/      | Α                                     |                | 0             |                     |
| CALL SIGN   | DSE           | CALL SIGN                          | DSE            | CALL SIGN            | DSE                                   | CALL SIGN      | DSE           |                     |
|   |               |                                    |                |                      |                                       |                |               |                     |
|   |               |                                    |                |                      |                                       |                |               |                     |
|   |               |                                    |                |                      |                                       |                |               |                     |
|   |               |                                    |                | -                    |                                       |                |               |                     |
|   | •••••         |                                    |                |                      |                                       |                |               |                     |
|   |               |                                    |                |                      |                                       |                |               |                     |
|   |               |                                    |                |                      |                                       |                |               |                     |
|   | <mark></mark> |                                    |                |                      |                                       |                | <mark></mark> |                     |
|   |               |                                    | <mark></mark>  |                      | •••• <mark>•</mark> •••••             |                | <mark></mark> |                     |
|   | ••••••        |                                    | <mark>.</mark> |                      | •••••                                 |                |               |                     |
|   |               |                                    |                |                      |                                       |                |               |                     |
|   |               |                                    |                |                      |                                       |                |               |                     |
| Total DSEs  |               |                                    | 0.00           | Total DSEs           |                                       |                | 0.00          |                     |
| Gross Receipts Thir   | rd Group      | \$                                 | 0.00           | Gross Receipts Four  | rth Group                             | \$             | 0.00          |                     |
| Base Rate Fee Thir  | d Group       | \$                                 | 0.00           | Base Rate Fee Four   | rth Group                             | \$             | 0.00          |                     |
| <u> </u>  |               |                                    |                | Ш                    |                                       |                |               |                     |
| Base Rate Fee: Ade<br>Enter here and in bl                      |               |                                    | criber group   | as shown in the boxe | s above.                              | \$             |               |                     |
| 1   |               |                                    |                |                      |                                       | L              |               |                     |

| LEGAL NAME OF OWN<br>CABLE ONE, INC       | IER OF CAB                         | LE SYSTEM:                             | •                                      |                       |               | S                | YSTEM ID#     | Name                      |
|---|------------------------------------|--|--|-----------------------|---------------|------------------|---------------|---------------------------|
|   |                                    |  |  | TE FEES FOR EACH      |               |                  |               |                           |
|   |                                    | SUBSCRIBER GROUN                       |  | 1                     |               | 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 Fee             |
|   |                                    |  |  |                       |               |                  |               | and<br>Our dia start      |
|   | ····                               |  |  |                       |               |                  | ····          | Syndicated<br>Exclusivity |
|   |                                    |  | •••••••••••••••••••••••••••••••••••••• |                       |               |                  |               | Surcharge                 |
|   |                                    |  |  |                       |               | -                |               | for                       |
|   | ····                               |  |  |                       |               |                  |               | Partially<br>Distant      |
|   | ····                               |  |  |                       |               |                  |               | Stations                  |
|   |                                    |  |  |                       |               |                  |               |                           |
|   |                                    |  |  |                       |               |                  |               |                           |
|   | <mark></mark>                      | +                                      | <mark></mark>                          |                       | <mark></mark> |                  | <mark></mark> |                           |
|   | •••                                |  |  |                       | •••           |                  | ····          |                           |
|   | ····                               |  | <b>.</b>                               |                       |               |                  |               |                           |
| 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          |                           |
|   |                                    | SUBSCRIBER GROUP                       |  | 1                     |               | SUBSCRIBER GROUP |               |                           |
| COMMUNITY/ AREA                           |                                    |  | 0                                      | COMMUNITY/ AREA       |               |                  | 0             |                           |
| CALL SIGN                                 | DSE                                | CALL SIGN                              | DSE                                    | CALL SIGN             | DSE           | CALL SIGN        | DSE           |                           |
|   | •••                                |  |  |                       |               |                  |               |                           |
|   |                                    |  |  |                       |               |                  |               |                           |
|   | <mark></mark>                      |  |  |                       |               |                  |               |                           |
|   | ····                               |  |  |                       |               |                  |               |                           |
|   | ••••                               |  | <mark></mark>                          |                       | •••           |                  | ····          |                           |
|   |                                    |  |  |                       |               |                  |               |                           |
|   |                                    |  |  |                       |               |                  |               |                           |
|   | ····                               |  | <mark></mark>                          |                       |               |                  |               |                           |
|   | •••                                | •                                      | • • • • • • • • • • • • • • • • • • •  |                       | •••           | +                |               |                           |
|   |                                    |  |  |                       |               |                  |               |                           |
|   | <mark></mark>                      |  | <mark></mark>                          |                       |               |                  | <mark></mark> |                           |
|   |                                    |  |  |                       |               |                  | •             |                           |
| Total DSEs                                |                                    |  | 0.00                                   | Total DSEs            |               |                  | 0.00          |                           |
| Gross Receipts Third                      | Group                              | \$                                     | 0.00                                   | Gross Receipts Fourt  | h Group       | \$               | 0.00          |                           |
| Base Rate Fee Third Group \$ 0.00         |                                    |  |  | Base Rate Fee Fourt   | h Group       | \$               | 0.00          |                           |
|   |                                    |  |  |                       |               |                  |               |                           |
| Base Rate Fee: Add Enter here and in bloc | the <b>base ra</b><br>ck 3, line 1 | te fees for each subs space L (page 7) | criber group                           | as shown in the boxes | above.        | \$               |               |                           |
|   | -, <b>e</b> 1,                     |  |  |                       |               |                  |               |                           |

| LEGAL NAME OF OW<br>CABLE ONE, INC |                    | LE SYSTEM:       |              |                       |             | S                  | YSTEM ID#     | Name             |
|------------------------------------|--------------------|------------------|--------------|-----------------------|-------------|--------------------|---------------|------------------|
|                                    | BLOCK A:           | COMPUTATION OF   | BASE RA      | ATE FEES FOR EAC      | HSUBSCR     |                    |               |                  |
|                                    |                    | SUBSCRIBER GROUP |              | 11                    |             | I SUBSCRIBER GROUP |               | 9                |
| COMMUNITY/ AREA                    | A                  |                  | 0            | COMMUNITY/ AREA       | 4           |                    | 0             | Computation      |
| CALL SIGN                          | DSE                | CALL SIGN        | DSE          | CALL SIGN             | DSE         | CALL SIGN          | DSE           | of               |
|                                    |                    |                  |              |                       |             |                    |               | Base Rate Fee    |
|                                    |                    |                  |              |                       |             |                    |               | and              |
|                                    |                    |                  |              |                       |             |                    |               | Syndicated       |
|                                    |                    |                  |              |                       |             |                    |               | Exclusivity      |
|                                    |                    |                  |              |                       |             |                    |               | Surcharge<br>for |
|                                    |                    |                  |              |                       |             | •                  |               | Partially        |
|                                    |                    |                  |              |                       |             |                    |               | Distant          |
|                                    |                    |                  |              |                       |             |                    |               | Stations         |
|                                    |                    |                  |              |                       |             |                    |               |                  |
|                                    |                    |                  |              |                       |             |                    |               |                  |
|                                    |                    |                  |              |                       |             |                    |               |                  |
|                                    |                    |                  |              |                       |             |                    | <mark></mark> |                  |
|                                    |                    |                  |              |                       |             |                    |               |                  |
|                                    |                    | <u>  </u>        | ļ            |                       |             |                    |               |                  |
| Total DSEs                         |                    |                  | 0.00         | Total DSEs            |             |                    | 0.00          |                  |
| Gross Receipts First               | Group              | \$               | 0.00         | Gross Receipts Seco   | ond Group   | \$                 | 0.00          |                  |
| Base Rate Fee First                | Group              | \$               | 0.00         | Base Rate Fee Seco    | ond Group   | \$                 | 0.00          |                  |
| ONE HUNDRED FOR                    | TY-SEVENTH         | SUBSCRIBER GROUP | )            | ONE HUNDRED FC        | ORTY-EIGHTH | I SUBSCRIBER GROUP |               |                  |
| COMMUNITY/ ARE                     | A                  |                  | 0            | COMMUNITY/ AREA       | A           |                    | 0             |                  |
| CALL SIGN                          | DSE                | CALL SIGN        | DSE          | CALL SIGN             | DSE         | CALL SIGN          | DSE           |                  |
|                                    |                    |                  |              |                       |             | +                  |               |                  |
|                                    |                    |                  |              |                       |             |                    |               |                  |
|                                    |                    | -                |              |                       |             | ++                 |               |                  |
|                                    |                    |                  |              |                       |             |                    |               |                  |
|                                    |                    |                  |              |                       |             |                    |               |                  |
|                                    |                    |                  |              |                       |             |                    |               |                  |
|                                    |                    |                  |              |                       |             |                    |               |                  |
|                                    |                    |                  |              |                       |             | ++                 |               |                  |
|                                    |                    |                  |              |                       |             | +                  |               |                  |
|                                    |                    |                  |              |                       |             |                    |               |                  |
|                                    |                    |                  |              |                       |             |                    |               |                  |
|                                    |                    |                  |              |                       |             |                    |               |                  |
|                                    |                    |                  |              |                       |             |                    |               |                  |
| Total DSEs                         |                    |                  | 0.00         | Total DSEs            |             |                    | 0.00          |                  |
| Gross Receipts Third               | d Group            | \$               | 0.00         | Gross Receipts Four   | th Group    | \$                 | 0.00          |                  |
| Base Rate Fee Third                | l Group            | \$               | 0.00         | Base Rate Fee Four    | th Group    | \$                 | 0.00          |                  |
|                                    |                    |                  | criber group | as shown in the boxes | s above.    |                    |               |                  |
| Enter here and in blo              | UCK 3, IIII e 1, 1 | space L (page /  |              |                       |             | \$                 |               |                  |

|   |               |                |      | TE FEES FOR EACH                            |          |                |           |
|---|---------------|----------------|------|---|----------|----------------|-----------|
| NE HUNDRED FC                                       |               | SUBSCRIBER GRO | UP 0 | 1   |          | SUBSCRIBER GRO | <u>UP</u> |
| JMMUNITY/ ARE/                                      | •             |                | 0    | COMMUNITY/ AREA                             |          |                | U         |
| CALL SIGN   | DSE           | CALL SIGN      | DSE  | CALL SIGN                                   | DSE      | CALL SIGN      | DSE       |
|   |               |                |      |   |          |                |           |
|   |               |                |      |   |          | <br>           |           |
|   |               | -              |      |   |          |                |           |
|   |               |                | •    |   |          |                |           |
|   |               |                |      |   |          |                |           |
|   |               |                |      |   |          |                |           |
|   |               |                |      |   |          |                |           |
|   |               |                |      |   |          |                |           |
|   | •••••         |                |      |   |          |                |           |
|   |               |                | •    |   |          |                |           |
|   |               |                |      |   |          |                |           |
|   |               |                |      |   |          |                |           |
|   |               |                |      |   |          |                |           |
| al DSEs   |               |                | 0.00 | Total DSEs                                  |          |                | 0.00      |
| ss Receipts First                                   | Group         | \$             | 0.00 | Gross Receipts Seco                         | nd Group | \$             | 0.00      |
|   |               |                |      |   |          |                |           |
| e Rate Fee First                                    | Group         | \$             | 0.00 | Base Rate Fee Secon                         | nd Group | \$             | 0.00      |
| NE HUNDRED F  | IFTY-FIRST    | SUBSCRIBER GRO | UP   | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP   |          |                | UP        |
| /MUNITY/ ARE/                                       | A             |                | 0    | COMMUNITY/ AREA                             |          |                | 0         |
| ALL SIGN  | DSE           | CALL SIGN      | DSE  | CALL SIGN                                   | DSE      | CALL SIGN      | DSE       |
|   |               | -              |      |   |          |                |           |
|   |               |                | ··   |   |          |                |           |
|   |               |                |      |   | ••••     | +              |           |
|   |               | A              |      |   |          |                |           |
|   | <mark></mark> |                |      |   |          |                |           |
|   |               |                |      |   |          | -              |           |
|   |               |                |      |   |          |                |           |
|   |               |                |      |   |          |                |           |
|   |               |                |      |   |          |                |           |
|   |               |                |      |   |          |                |           |
|   |               |                |      |   |          |                |           |
|   |               |                |      |   |          |                |           |
|   |               |                |      |   |          |                |           |
| al DSEs   |               |                | 0.00 | Total DSEs                                  |          |                | 0.00      |
|   | d Group       | s              |      |   | h Group  | s              |           |
|   | d Group       | \$             | 0.00 | Total DSEs<br>Gross Receipts Fourt          | h Group  | <u>s</u>       | 0.00      |
| tal DSEs<br>oss Receipts Third                      |               | s              | 0.00 | Gross Receipts Fourt                        | ·        |                | 0.00      |
|   |               | \$<br>\$       |      |   | ·        | s              |           |
| ss Receipts Thire                                   |               | \$\$           | 0.00 | Gross Receipts Fourt                        | ·        |                | 0.00      |
| s Receipts Third<br>Rate Fee Third<br>Rate Fee: Add | d Group       | \$             | 0.00 | Gross Receipts Fourt                        | h Group  |                | 0.00      |
| ate Fee Third                                       | d Group       | \$             | 0.00 | Gross Receipts Fourt<br>Base Rate Fee Fourt | h Group  |                | 0.00      |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.            | R OF CABL          | E SYSTEM:       |             |                             |           | SY              | STEM ID# | Name                 |
|--|--------------------|-----------------|-------------|-----------------------------|-----------|-----------------|----------|----------------------|
| BL   | . <u>OCK </u> A: ( | COMPUTATION OF  | BASE RA     | ATE FEES FOR EACH           | H SUBSCR  | IBER GROUP      |          |                      |
| ONE HUNDRED FIFT                                 | Y-THIRD            | SUBSCRIBER GROL | JP          | ONE HUNDRED FIFT            | Y-FOURTH  | SUBSCRIBER GROU | Р        | 0                    |
| COMMUNITY/ AREA                                  |                    |                 | 0           | COMMUNITY/ AREA             |           |                 | 0        | 9                    |
| CALL SIGN  | DSE                | CALL SIGN       | DSE         | CALL SIGN                   | DSE       | CALL SIGN       | DSE      | Computation<br>of    |
| CALL SIGN  | DSE                | CALL SIGN       | DSE         | CALL SIGN                   | DGE       | CALL SIGN       | DSE      | Base Rate Fee        |
|  |                    |                 |             |                             |           | •               |          | and                  |
|  |                    |                 |             |                             |           |                 |          | Syndicated           |
|  |                    |                 |             |                             |           |                 |          | Exclusivity          |
|  |                    |                 |             |                             |           | <br>            |          | Surcharge            |
|  |                    |                 |             |                             |           |                 |          | for                  |
|  |                    |                 |             |                             |           |                 |          | Partially<br>Distant |
|  |                    |                 |             |                             |           | +               |          | Stations             |
|  |                    |                 |             |                             |           | •               |          | otations             |
|  |                    |                 |             |                             |           |                 |          |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
|  | ļ                  |                 |             |                             |           |                 |          |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
| 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 Gr                           | oup                | \$              | 0.00        | Base Rate Fee Secor         | nd Group  | \$              | 0.00     |                      |
| ONE HUNDRED FIF                                  | TY-FIFTH           | SUBSCRIBER GROL | JP          | ONE HUNDRED FI              | FTY-SIXTH | SUBSCRIBER GROU | Р        |                      |
| COMMUNITY/ AREA                                  |                    |                 | 0           | COMMUNITY/ AREA             |           |                 | 0        |                      |
| CALL SIGN  | DSE                | CALL SIGN       | DSE         | CALL SIGN                   | DSE       | CALL SIGN       | DSE      |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
|  |                    |                 |             |                             |           | ++              |          |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
|  |                    |                 |             |                             | •••       |                 |          |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
|  |                    |                 |             |                             |           |                 |          |                      |
| Total DSEs                                       | ıI                 |                 | 0.00        | Total DSEs                  |           |                 | 0.00     |                      |
| Gross Receipts Third G                           | roup               | \$              | 0.00        | Gross Receipts Fourt        | h Group   | \$              | 0.00     |                      |
| <b>Base Rate Fee</b> Third G                     | roup               | \$              | 0.00        | Base Rate Fee Fourt         | h Group   | \$              | 0.00     |                      |
| Base Rate Fee: Add th<br>Enter here and in block |                    |                 | riber group | II<br>as shown in the boxes | above.    | \$              |          |                      |

L

| LEGAL NAME OF OWN<br>CABLE ONE, INC       | IER OF CAB                        | LE SYSTEM:            | •             |   |           | S              | SYSTEM ID# | Name                 |
|---|-----------------------------------|-----------------------|---------------|---|-----------|----------------|------------|----------------------|
|   |                                   |                       |               | TE FEES FOR EAC                           |           |                |            |                      |
| ONE HUNDRED FIFT                          |                                   | SUBSCRIBER GROU       | ∍<br>0        | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP |           |                | <u> </u>   | 9                    |
| COMMONT I AREA                            |                                   |                       |               | COMMONT T/ AREA                           |           |                |            | Computation          |
| CALL SIGN                                 | DSE                               | CALL SIGN             | DSE           | CALL SIGN                                 | DSE       | CALL SIGN      | DSE        | of                   |
|   |                                   |                       |               |   |           |                |            | Base Rate Fee        |
|   | ····                              |                       |               |   |           |                |            | and<br>Syndicated    |
|   |                                   |                       |               |   |           | •              |            | Exclusivity          |
|   |                                   |                       |               |   |           |                |            | Surcharge            |
|   |                                   |                       |               |   |           |                |            | for                  |
|   | ····                              |                       |               |   |           |                |            | Partially<br>Distant |
|   |                                   |                       |               |   |           | •              |            | Stations             |
|   |                                   |                       |               |   |           |                |            |                      |
|   |                                   |                       |               |   |           |                |            |                      |
|   | <mark></mark>                     |                       | <mark></mark> |   |           |                |            |                      |
|   | ••••                              | -                     | •••           |   |           |                |            |                      |
|   |                                   | •                     |               |   |           |                |            |                      |
| Total DSEs                                |                                   |                       | 0.00          | Total DSEs                                |           |                | 0.00       |                      |
| Gross Receipts First                      | Group                             | \$                    | 0.00          | Gross Receipts Seco                       | and Group | \$             | 0.00       |                      |
|   |                                   | ·                     |               |   |           | -              |            |                      |
| Base Rate Fee First (                     | Group                             | \$                    | 0.00          | Base Rate Fee Seco                        | ond Group | \$             | 0.00       |                      |
|   |                                   | SUBSCRIBER GRO        |               | 1   |           | SUBSCRIBER GRO |            |                      |
| COMMUNITY/ AREA                           |                                   |                       | 0             | COMMUNITY/ AREA                           | \<br>     |                | 0          |                      |
| CALL SIGN                                 | DSE                               | CALL SIGN             | DSE           | CALL SIGN                                 | DSE       | CALL SIGN      | DSE        |                      |
|   | ····                              |                       |               |   |           | •              |            |                      |
|   |                                   |                       |               |   |           |                |            |                      |
|   |                                   |                       |               |   |           |                |            |                      |
|   |                                   |                       |               |   |           |                |            |                      |
|   | ····                              |                       | <mark></mark> |   |           |                |            |                      |
|   |                                   |                       |               |   |           |                |            |                      |
|   |                                   |                       |               |   |           |                |            |                      |
|   | <mark></mark>                     |                       | <mark></mark> |   |           |                |            |                      |
|   | ····                              |                       | <mark></mark> |   |           |                |            |                      |
|   |                                   |                       |               |   |           |                |            |                      |
|   |                                   |                       |               |   |           |                |            |                      |
|   |                                   |                       |               |   |           |                |            |                      |
| 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 Fourt                       | th Group  | \$             | 0.00       |                      |
|   |                                   |                       |               | 11  |           |                |            |                      |
| Base Rate Fee: Add Enter here and in bloc | the <b>base ra</b><br>ck 3_line 1 | te fees for each subs | criber group  | as shown in the boxes                     | above.    | \$             |            |                      |
|   |                                   | change r              |               |   |           | *              |            |                      |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |  |  |  |  |
|---|---|--|--|--|--|--|
| Nume  | CABLE ONE, INC.   |  |  |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |  |  |
| 9   | 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 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<br>of   | First 50 major television market  | Second 50 major television market  |  |  |  |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Fee INSTRUCTIONS:<br/>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show</li> </ul> |  |  |  |  |  |
|   | 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |  |  |  |
|   | THIRD SUBSCRIBER GROUP  | FOURTH SUBSCRIBER GROUP  |  |  |  |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |  |  |  |  |
|   |   |  |  |  |  |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | SYSTEM ID#   |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |  |  |  |
| 9   | 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 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<br>of   |   | Second 50 major television market  |  |  |  |  |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |  |  |  |  |
|   | FIFTH SUBSCRIBER GROUP  |  |  |  |  |  |  |
|   | FIFTH SUBSCRIDER 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | SYSTEM ID#   |  |  |  |  |
|---|---|--|--|--|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |  |  |
| 9   | 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 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined   |  |  |  |  |  |
| Computation<br>of   | by section 76.5 of FCC rules in effect on June 24, 1981:  | Second 50 major television market  |  |  |  |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |  |  |  |
|   | 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |  |  |  |  |
|   | 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 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |  |  |  |  |  |

| Nama  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |  |  |  |
|---|--|--|--|--|--|--|
| Name  | CABLE ONE, INC.  |  |  |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                          |  |  |  |  |
| 9   | 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 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<br>of   | First 50 major television market   | Second 50 major television market                                  |  |  |  |  |
| Base Rate Fee   | INSTRUCTIONS:  |  |  |  |  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially | <ul> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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</li> </ul> |  |  |  |  |  |
| Distant<br>Stations   | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show 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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |  |  |  |  |
|   | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group                  |  |  |  |  |
|   | subject to the surcharge   | subject to the surcharge   |  |  |  |  |
|   | computation  | computation  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY 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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |  |  |  |  |
|   | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group                  |  |  |  |  |
|   | subject to the surcharge   | subject to the surcharge   |  |  |  |  |
|   |  | computation  |  |  |  |  |
|   | SURCHARGE<br>Third Group   | SURCHARGE<br>Fourth Group  |  |  |  |  |
|   |  | · · · · · · · · · · · · · · · · · · ·                              |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown<br>)                                  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

| Nama  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |  |  |  |
|---|--|--|--|--|--|--|
| Name  | CABLE ONE, INC.  |  |  |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |  |  |
| 9   | 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 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<br>of                             |  | Second 50 major television market  |  |  |  |  |
| Base Rate Fee                                 | INSTRUCTIONS:  |  |  |  |  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If page acted</li> </ul>  | r the VHF Grade B contour stations that were classified as   |  |  |  |  |
| for<br>Partially<br>Distant<br>Stations       | <ul> <li>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |  |  |  |
|   | SEVENTEENTH SUBSCRIBER GROUP   | EIGHTEENTH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |  |  |  |  |
|   | NINEENTH SUBSCRIBER GROUP  | TWENTYTH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown<br>)  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

| Nama                | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |  |  |  |
|---------------------|--|--|--|--|--|--|
| Name                | CABLE ONE, INC.  |  |  |  |  |  |
|                     | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                      |  |  |  |  |
| 9                   | 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 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<br>of   | First 50 major television market   | Second 50 major television market                              |  |  |  |  |
| Base Rate Fee       | INSTRUCTIONS:  |  |  |  |  |  |
| and<br>Syndicated   | Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.   | cial VHF Grade B contour stations listed in block A, part 9 of |  |  |  |  |
| Exclusivity         | Step 2: In line 2, give the total number of DSEs by subscriber group for   | or the VHF Grade B contour stations that were classified as    |  |  |  |  |
| Surcharge           | Exempt DSEs in block C, part 7 of this schedule. If none ente  |  |  |  |  |  |
| for<br>Partially    | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the for</li> </ul>   | · ·  |  |  |  |  |
| Distant<br>Stations | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.  |  |  |  |  |  |
|                     | TWENTY-FIRST SUBSCRIBER GROUP  | TWENTY-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<br>this subscriber group  | total number of DSEs for<br>this subscriber group              |  |  |  |  |
|                     | subject to the surcharge   | subject to the surcharge                                       |  |  |  |  |
|                     | computation  | computation  |  |  |  |  |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group                  |  |  |  |  |
|                     |  |  |  |  |  |  |
|                     | TWENTY-THIRD SUBSCRIBER GROUP  | TWENTY-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<br>total number of DSEs for  | and enter here. This is the total number of DSEs for           |  |  |  |  |
|                     | this subscriber group  | this subscriber group  |  |  |  |  |
|                     | subject to the surcharge   | subject to the surcharge                                       |  |  |  |  |
|                     | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |  |  |  |  |
|                     | SURCHARGE  | SURCHARGE  |  |  |  |  |
|                     | Third Group  | Fourth Group   |  |  |  |  |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ach subscriber group as shown ()                               |  |  |  |  |
|                     |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |

| News                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |  |  |  |
|---------------------------|--|--|--|--|--|--|
| Name                      | CABLE ONE, INC.  |  |  |  |  |  |
|                           | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                          |  |  |  |  |
| 9                         | 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 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<br>of         |  | Second 50 major television market                                  |  |  |  |  |
| Base Rate Fee             | INSTRUCTIONS:  |  |  |  |  |  |
| and                       | Step 1: In line 1, give the total DSEs by subscriber group for commerce  | cial VHF Grade B contour stations listed in block A, part 9 of     |  |  |  |  |
| Syndicated<br>Exclusivity | this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group for   | or the VHF Grade B contour stations that were classified as        |  |  |  |  |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none enter   |  |  |  |  |  |
| for<br>Partially          | Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for  | · · ·  |  |  |  |  |
| Distant<br>Stations       | 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.                            |  |  |  |  |  |
|                           | TWENTY-FIFTH SUBSCRIBER GROUP  | TWENTY-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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>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   |  |  |  |  |
|                           | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group                      |  |  |  |  |
|                           |  |  |  |  |  |  |
|                           | TWENTY-SEVENTH SUBSCRIBER GROUP  | TWENTY-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<br>total number of DSEs for  | and enter here. This is the<br>total number of DSEs for            |  |  |  |  |
|                           | this subscriber group  | this subscriber group  |  |  |  |  |
|                           | subject to the surcharge   | subject to the surcharge   |  |  |  |  |
|                           |  |  |  |  |  |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                   |  |  |  |  |
|                           | Third Group  | Fourth Group   |  |  |  |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ich subscriber group as shown<br>')                                |  |  |  |  |
|                           |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | SYSTEM ID#   |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |  |  |  |  |
| 9   | 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 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined   |  |  |  |  |  |  |
| Computation<br>of   | by section 76.5 of FCC rules in effect on June 24, 1981:  |  |  |  |  |  |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |  |  |  |  |
|   | TWENTY-NINTH SUBSCRIBER GROUP   | THIRTIETH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |  |  |  |  |
|   | THIRTY-FIRST SUBSCRIBER GROUP   | THIRTY-SECOND SUBSCRIBER GROUP   |  |  |  |  |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac         in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | Fourth Group   |  |  |  |  |  |

| Neme                | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |  |  |  |
|---------------------|--|--|--|--|--|--|
| Name                | CABLE ONE, INC.  |  |  |  |  |  |
|                     | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                          |  |  |  |  |
| 9                   | 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 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<br>of   | First 50 major television market   | Second 50 major television market                                  |  |  |  |  |
| Base Rate Fee       | INSTRUCTIONS:  |  |  |  |  |  |
| and<br>Syndicated   | Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.   | ial VHF Grade B contour stations listed in block A, part 9 of      |  |  |  |  |
| Exclusivity         | Step 2: In line 2, give the total number of DSEs by subscriber group for   | r the VHF Grade B contour stations that were classified as         |  |  |  |  |
| Surcharge           | Exempt DSEs in block C, part 7 of this schedule. If none ente  |  |  |  |  |  |
| for<br>Partially    | <ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li><li>Step 4: Compute the surcharge for each subscriber group using the for</li></ul>  | · •  |  |  |  |  |
| Distant<br>Stations | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.  |  |  |  |  |  |
|                     | THIRTY-THIRD SUBSCRIBER GROUP  | THIRTY-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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>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<br>computation  | subject to the surcharge   |  |  |  |  |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                   |  |  |  |  |
|                     | First Group  | Second Group   |  |  |  |  |
|                     | THIRTY-FIFTH SUBSCRIBER GROUP  | THIRTY-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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1                                |  |  |  |  |
|                     | total number of DSEs for   | and enter here. This is the total number of DSEs for               |  |  |  |  |
|                     | this subscriber group  | this subscriber group  |  |  |  |  |
|                     | subject to the surcharge   | subject to the surcharge   |  |  |  |  |
|                     | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |  |  |  |  |
|                     | SURCHARGE  | SURCHARGE  |  |  |  |  |
|                     | Third Group  | Fourth Group   |  |  |  |  |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown<br>)                                  |  |  |  |  |
|                     |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |

| Nama  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---|--|---|
| Name  | CABLE ONE, INC.  |   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television marked<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of                             | First 50 major television market   | Second 50 major television market   |
| Base Rate Fee                                 | INSTRUCTIONS:  |   |
| and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entered to the schedule of the schedule of the schedule of the schedule of the schedule.</li> </ul>   | r the VHF Grade B contour stations that were classified as zero.  |
| for<br>Partially<br>Distant<br>Stations       | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |
|   | THIRTY-SEVENTH SUBSCRIBER GROUP  | THIRTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group                             |
|   | subject to the surcharge   | subject to the surcharge  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group   |
|   | THIRTY-NINTH SUBSCRIBER GROUP  | FORTIETH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |
|   | computation  | computation   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown<br>)   |
|   |  |   |

| Nama  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|---|--|--|
| Name  | CABLE ONE, INC.  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and the<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of   |  | Second 50 major television market  |
| Base Rate Fee<br>and  | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commerc  | ial VHE Grade B contour stations listed in block A part 9 of   |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 1: In line 1, give the total DDEs by subscriber group for the VHF Grade B contour stations instead in block V, part 9 of this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |
|   | FORTY-FIRST SUBSCRIBER GROUP   | FORTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SURCHARGE<br>First Group   | SURCHARGE<br>Second Group  |
|   | FORTY-THIRD SUBSCRIBER GROUP   | FORTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown   |
|   |  |  |

| Nama                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
|----------------------------------|---|--|
| Name                             | CABLE ONE, INC.   |  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                          |
| 9                                | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television marked<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of                | First 50 major television market  | Second 50 major television market                                  |
| Base Rate Fee                    | INSTRUCTIONS:   |  |
| and<br>Syndicated                | Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.  |  |
| Exclusivity<br>Surcharge         | Step 2: In line 2, give the total number of DSEs by subscriber group for<br>Exempt DSEs in block C, part 7 of this schedule. If none enter  |  |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total number of   | DSEs used to compute the surcharge.                                |
| Partially<br>Distant<br>Stations | 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |
|                                  | FORTY-FIFTH SUBSCRIBER GROUP  | FORTY-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<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>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<br>computation   | subject to the surcharge   |
|                                  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group                |
|                                  |   |  |
|                                  | FORTY-SEVENTH SUBSCRIBER GROUP  | FORTY-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<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|                                  | total number of DSEs for  | total number of DSEs for   |
|                                  | this subscriber group<br>subject to the surcharge   | this subscriber group<br>subject to the surcharge                  |
|                                  | computation   | computation  |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|                                  | SURCHARGE<br>Third Group  | SURCHARGE<br>Fourth Group  |
|                                  |   |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | ch subscriber group as shown<br>)                                  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |

| Nama                | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
|---------------------|---|--|
| Name                | CABLE ONE, INC.   |  |
|                     | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                      |
| 9                   | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television marked<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation<br>of   |   | Second 50 major television market                              |
| Base Rate Fee       | INSTRUCTIONS:   |  |
| and<br>Syndicated   | Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.  | ial VHF Grade B contour stations listed in block A, part 9 of  |
| Exclusivity         | Step 2: In line 2, give the total number of DSEs by subscriber group for  | r the VHF Grade B contour stations that were classified as     |
| Surcharge           | Exempt DSEs in block C, part 7 of this schedule. If none enter<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number of   |  |
| for<br>Partially    | <b>Step 4:</b> Compute the surcharge for each subscriber group using the for  | · •  |
| Distant<br>Stations | schedule. In making this computation, use gross receipts figure your actual calculations on this form.  | es applicable to the particular group. You do not need to show |
|                     | FORTY-NINTH SUBSCRIBER GROUP  | FIFTIETH 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<br>this subscriber group   | total number of DSEs for<br>this subscriber group              |
|                     | subject to the surcharge  | subject to the surcharge                                       |
|                     | computation   | computation  |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group                  |
|                     |   |  |
|                     | FIFTY-FIRST SUBSCRIBER GROUP  | FIFTY-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<br>total number of DSEs for   | and enter here. This is the total number of DSEs for           |
|                     | this subscriber group   | this subscriber group  |
|                     | subject to the surcharge<br>computation   | subject to the surcharge                                       |
|                     | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|                     | SURCHARGE   | SURCHARGE  |
|                     | Third Group   | Fourth Group   |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | ch subscriber group as shown<br>)                              |
|                     |   |  |
|                     |   |  |
|                     |   |  |
|                     |   |  |

| Nama                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|----------------------------------|--|---|
| Name                             | CABLE ONE, INC.  |   |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9                                | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of                | First 50 major television market   | Second 50 major television market   |
| Base Rate Fee                    | INSTRUCTIONS:  |   |
| and<br>Syndicated<br>Exclusivity | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for</li> </ul>   |   |
| Surcharge<br>for                 | Exempt DSEs in block C, part 7 of this schedule. If none enter   |   |
| Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |
|                                  | FIFTY-THIRD SUBSCRIBER GROUP   | FIFTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group                             |
|                                  | subject to the surcharge<br>computation  | subject to the surcharge  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|                                  | FIFTY-FIFTH SUBSCRIBER GROUP   | FIFTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |
|                                  | Computation  | Computation   |
|                                  | Third Group  | Fourth Group  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown<br>)   |
|                                  |  |   |
|                                  |  |   |
|                                  |  |   |
|                                  |  |   |

| News   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|--|--|---|
| Name   | CABLE ONE, INC.  |   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9  | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of  |  | Second 50 major television market   |
| Base Rate Fee  | INSTRUCTIONS:  |   |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |
|  |  |   |
|  | FIFTY-SEVENTH SUBSCRIBER GROUP   | FIFTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                                  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|  | FIFTY-NINTH SUBSCRIBER GROUP   | SIXTIETH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown<br>)   |
|  |  |   |

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | SYSTEM ID#   |
|--|--|--|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9  | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:   | station is not exempt in Part 7, you mustalso compute a  |
| Computation<br>of  |  | Second 50 major television market  |
| Base Rate Fee  | INSTRUCTIONS:  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |
|  | SIXTY-FIRST SUBSCRIBER GROUP   | SIXTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|  | SIXTY-THIRD SUBSCRIBER GROUP   | SIXTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | h subscriber group as shown  |
|  |  |  |

| Nama                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|----------------------------------|--|--|
| Name                             | CABLE ONE, INC.  |  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9                                | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television marked<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of                | First 50 major television market   | Second 50 major television market                                  |
| Base Rate Fee                    | INSTRUCTIONS:  |  |
| and<br>Syndicated<br>Exclusivity | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for</li> </ul>   | r the VHF Grade B contour stations that were classified as         |
| Surcharge<br>for                 | Exempt DSEs in block C, part 7 of this schedule. If none enter<br>Step 3: In line 3 subtract line 2 from line 1. This is the total number of   |  |
| Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |
|                                  | SIXTY-FIFTH SUBSCRIBER GROUP   | SIXTY-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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|                                  | total number of DSEs for   | total number of DSEs for   |
|                                  | this subscriber group<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge                  |
|                                  | computation  | computation  |
|                                  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group                |
|                                  |  |  |
|                                  | SIXTY-SEVENTH SUBSCRIBER GROUP   | SIXTY-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<br>total number of DSEs for  | and enter here. This is the total number of DSEs for               |
|                                  | this subscriber group  | this subscriber group  |
|                                  | subject to the surcharge<br>computation  | subject to the surcharge   |
|                                  |  |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                   |
|                                  | Third Group  | Fourth Group   |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown<br>)                                  |
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |

| Nama                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
|----------------------------------|---|--|
| Name                             | CABLE ONE, INC.   |  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP            |
| 9                                | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television marked<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of                | First 50 major television market  | Second 50 major television market                    |
| Base Rate Fee                    | INSTRUCTIONS:   |  |
| and<br>Syndicated                | Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.  |  |
| Exclusivity<br>Surcharge         | Step 2: In line 2, give the total number of DSEs by subscriber group for<br>Exempt DSEs in block C, part 7 of this schedule. If none enter  |  |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total number of   | DSEs used to compute the surcharge.                  |
| Partially<br>Distant<br>Stations | 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |
|                                  | SIXTY-NINTH SUBSCRIBER GROUP  | SEVENTIETH 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<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1                  |
|                                  | total number of DSEs for  | and enter here. This is the total number of DSEs for |
|                                  | this subscriber group   | this subscriber group                                |
|                                  | subject to the surcharge  | subject to the surcharge                             |
|                                  |   |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group        |
|                                  |   |  |
|                                  | SEVENTY-FIRST SUBSCRIBER GROUP  | SEVENTY-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<br>total number of DSEs for   | and enter here. This is the total number of DSEs for |
|                                  | this subscriber group   | this subscriber group                                |
|                                  | subject to the surcharge<br>computation   | subject to the surcharge                             |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY                               |
|                                  | SURCHARGE   | SURCHARGE  |
|                                  | Third Group   | Fourth Group   |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | ch subscriber group as shown<br>)                    |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |

| Nama   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|--|--|--|
| Name   |  |  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9  | If your cable system is located within a top 100 television market and the<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | · · · ·  |
| Computation<br>of  |  | Second 50 major television market  |
| Base Rate Fee  | INSTRUCTIONS:<br>Stop 1: In line 1, give the total DSEs by subscriber group for commercial   | al V/JE Grade B contour stations listed in block A part 9 of   |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |
|  | SEVENTY-THIRD SUBSCRIBER GROUP   | SEVENTY-FOURTH SUBSCRIBER GROUP  |
|  |  | SEVENTI-I CONTI 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|  | SEVENTY-FIFTH SUBSCRIBER GROUP   | SEVENTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | ch subscriber group as shown   |
|  |  |  |

| Namo                | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
|---------------------|---|--|
| Name                | CABLE ONE, INC.   |  |
|                     | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |
| 9                   | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television marked<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation<br>of   |   | Second 50 major television market                                  |
| Base Rate Fee       | INSTRUCTIONS:   |  |
| and<br>Syndicated   | Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.  | ial VHF Grade B contour stations listed in block A, part 9 of      |
| Exclusivity         | Step 2: In line 2, give the total number of DSEs by subscriber group for  | r the VHF Grade B contour stations that were classified as         |
| Surcharge           | Exempt DSEs in block C, part 7 of this schedule. If none enter  |  |
| for<br>Partially    | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the for</li> </ul>                                    | · •  |
| Distant<br>Stations |   | es applicable to the particular group. You do not need to show     |
|                     | SEVENTY-SEVENTH SUBSCRIBER GROUP  | SEVENTY-EIGHTH SUBSCRIBER GROUP                                    |
|                     | Line 1: Enter the VHE DSEe  | Line 1: Enter the VHE DSEs   |
|                     | 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<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>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<br>computation   | subject to the surcharge   |
|                     | · · · · · · · · · · · · · · · · · · ·   |  |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group                      |
|                     |   | EIGHTIETH SUBSCRIBER GROUP   |
|                     | SEVENTY-NINTH 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<br>total number of DSEs for   | and enter here. This is the<br>total number of DSEs for            |
|                     | this subscriber group   | this subscriber group  |
|                     | subject to the surcharge<br>computation   | subject to the surcharge   |
|                     |   | SYNDICATED EXCLUSIVITY   |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE  | SURCHARGE  |
|                     | Third Group   | Fourth Group   |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | ch subscriber group as shown<br>)                                  |
|                     |   |  |
|                     |   |  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#   |
|---|---|
| Nume  |   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | 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<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |
| Computation<br>of   | First 50 major television market  |
| Base Rate Fee   | INSTRUCTIONS:   |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially | <ul> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule and the short of the surcharge.</li> </ul> |
| Distant<br>Stations   | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.   |
|   | EIGHTY-FIRST SUBSCRIBER GROUP EIGHTY-SECOND SUBSCRIBER GROUP  |
|   | 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       subject to the surcharge         computation  |
|   | SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       SURCHARGE         First Group       \$         Second Group       \$  |
|   | EIGHTY-THIRD SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP  |
|   | 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       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<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |
|   |   |
|   |   |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID<br>CABLE ONE, INC.   |  |
|---|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |
| <b>9</b><br>Computation<br>of   | 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         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:   |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |
|   | EIGHTY-FIFTH SUBSCRIBER GROUP   | EIGHTY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | EIGHTY-SEVENTH SUBSCRIBER GROUP   | EIGHTY-EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | ch subscriber group as shown   |

| Nama  | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:   |  |
|---|--|--|
| Name  | CABLE ONE, INC.  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9   | 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 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<br>of                             | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee                                 | INSTRUCTIONS:  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> </ul>   |  |
| for<br>Partially<br>Distant<br>Stations       | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |
|   | NINETY-THIRD SUBSCRIBER GROUP  | NINETY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                |
|   | computation  | computation  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   | NINETY-FIFTH SUBSCRIBER GROUP  | NINETY-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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown<br>)  |
|   |  |  |
|   |  |  |

| Nama  | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#  |  |
|---|--|--|
| Name  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9   | 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 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<br>of                             | First 50 major television market   | Second 50 major television market                                  |
| Base Rate Fee                                 | INSTRUCTIONS:  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>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 this schedule.</li> <li>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</li> </ul>  |  |
| for<br>Partially<br>Distant<br>Stations       | <ul> <li>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |
|   | NINETY-SEVENTH SUBSCRIBER GROUP  | NINETY-EIGHTH SUBSCRIBER GROUP                                     |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   |  | Line 1: Enter the Exempt DSEs                                      |
|   | Line 2: Enter the Exempt DSEs  | · · · · · · · · · · · · · · · · · · ·                              |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|   | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group                  |
|   | subject to the surcharge   | subject to the surcharge   |
|   | computation  | computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group                      |
|   | NINETY-NINTH SUBSCRIBER GROUP  | ONE HUNDREDTH 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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|   | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group                  |
|   | subject to the surcharge   | subject to the surcharge   |
|   | computation  | computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                   |
|   | Third Group  | Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown )                                     |
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|                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---------------------|--|---|
| Name                | CABLE ONE, INC.  |   |
|                     |  |   |
|                     | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |
| 9                   | 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<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981: |   |
| Computation<br>of   | First 50 major television market   |   |
| Base Rate Fee       | INSTRUCTIONS:  |   |
| and                 | Step 1: In line 1, give the total DSEs by subscriber group for commerc   | ial VHF Grade B contour stations listed in block A, part 9 of |
| Syndicated          | this schedule.   |   |
| Exclusivity         | Step 2: In line 2, give the total number of DSEs by subscriber group fo  |   |
| Surcharge           | Exempt DSEs in block C, part 7 of this schedule. If none enter   |   |
| for<br>Partially    | Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  |   |
| Distant<br>Stations | 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.                                  |   |
|                     |  |   |
|                     | ONE HUNDERED FIRST SUBSCRIBER GROUP  | ONE HUNDERED 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 computation   | subject to the surcharge                                      |
|                     |  |   |
|                     | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                     | SURCHARGE<br>First Group \$  | SURCHARGE   |
|                     | First Group  | Second Group  |
|                     | ONE HUNDERED THIRD SUBSCRIBER GROUP  | ONE HUNDERED 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<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge             |
|                     | computation  | computation   |
|                     | · · · · · · · · · · · · · · · · · · ·  |   |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                              |
|                     | Third Group  | Fourth Group  |
|                     |  |   |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   |   |
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| Name                | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---------------------|--|---|
| Name                |  |   |
|                     | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |
| 9                   | 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<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981: |   |
| Computation<br>of   |  | Second 50 major television market                             |
| Base Rate Fee       | INSTRUCTIONS:  |   |
| and<br>Syndicated   | Step 1: In line 1, give the total DSEs by subscriber group for commercia this schedule.  | al VHF Grade B contour stations listed in block A, part 9 of  |
| Exclusivity         | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for  | the VHF Grade B contour stations that were classified as      |
| Surcharge<br>for    | Exempt DSEs in block C, part 7 of this schedule. If none enter a<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number of D  |   |
| Partially           | <b>Step 4:</b> Compute the surcharge for each subscriber group using the form  | · · ·   |
| Distant<br>Stations | schedule. In making this computation, use gross receipts figure your actual calculations on this form.   | s applicable to the particular group. You do not need to show |
|                     | ONE HUNDRED FIFTH SUBSCRIBER GROUP   | ONE HUNDRED 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<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge             |
|                     | computation  | computation   |
|                     | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group                 |
|                     | First Group  |   |
|                     | ONE HUNDRED SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED 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<br>total number of DSEs for  | and enter here. This is the<br>total number of DSEs for       |
|                     | this subscriber group  | this subscriber group   |
|                     | subject to the surcharge<br>computation  | subject to the surcharge computation                          |
|                     | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                     | SURCHARGE  | SURCHARGE   |
|                     | Third Group  | Fourth Group  |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  | h subscriber group as shown                                   |
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|                     |  |   |

|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |
|----------------------------------|--|--|--|
| Name                             | CABLE ONE, INC.  |  |  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9                                | 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   |  |  |
| Ū                                | Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |  |
| Computation<br>of                |  | Second 50 major television market                            |  |
| Base Rate Fee                    | INSTRUCTIONS:  |  |  |
| and<br>Our disease of            | Step 1: In line 1, give the total DSEs by subscriber group for commerc   | al VHF Grade B contour stations listed in block A, part 9 of |  |
| Syndicated<br>Exclusivity        | this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group for   | r the VHE Grade B contour stations, that were classified as  |  |
| Surcharge                        | Exempt DSEs in block C, part 7 of this schedule. If none enter   |  |  |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  |  |  |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the for<br>schedule. In making this computation, use gross receipts figur<br>your actual calculations on this form.              |  |  |
| Stations                         |  |  |  |
|                                  |  |  |  |
|                                  | ONE HUNDRED NINTH SUBSCRIBER GROUP   | ONE HUNDRED TENTH SUBSCRIBER GROUP                           |  |
|                                  | ONE HUNDRED NINTH SUBSCRIBEN GROUP   | ONE HONDRED 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<br>this subscriber group  | total number of DSEs for<br>this subscriber group            |  |
|                                  | subject to the surcharge   | subject to the surcharge                                     |  |
|                                  | computation  | computation  |  |
|                                  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY                                       |  |
|                                  | SURCHARGE  | SURCHARGE  |  |
|                                  | First Group  | Second Group   |  |
|                                  |  | I  |  |
|                                  | ONE HUNDRED ELEVENTH SUBSCRIBER GROUP  | ONE HUNDRED 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<br>this subscriber group  | total number of DSEs for<br>this subscriber group            |  |
|                                  | subject to the surcharge   | subject to the surcharge                                     |  |
|                                  | computation  | computation  |  |
|                                  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY                                       |  |
|                                  | SURCHARGE  | SURCHARGE  |  |
|                                  | Third Group  | Fourth Group   |  |
|                                  |  |  |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear  |  |  |
|                                  | in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  | )  |  |
|                                  |  |  |  |
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|                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |  |
|--------------------------|---|--|--|
| Name                     | CABLE ONE, INC.   |  |  |
|                          | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |
| 9                        | 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 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined |  |  |
| Computation<br>of        | by section 76.5 of FCC rules in effect on June 24, 1981:  | Second 50 major television market  |  |
| Base Rate Fee            |   |  |  |
| and                      | Step 1: In line 1, give the total DSEs by subscriber group for commerce   | ial VHF Grade B contour stations listed in block A, part 9 of  |  |
| Syndicated               | this schedule.  | - the MUE Oracle December of the transmission of transmission of the transmission of trans |  |
| Exclusivity<br>Surcharge | Step 2: In line 2, give the total number of DSEs by subscriber group fo<br>Exempt DSEs in block C, part 7 of this schedule. If none enter   |  |  |
| for                      | Step 3: In line 3, subtract line 2 from line 1. This is the total number of   |  |  |
| Partially                | Step 3: An line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br>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.  |  |  |
|                          |   |  |  |
|                          |   |  |  |
|                          | ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP   | ONE HUNDRED 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<br>this subscriber group   | total number of DSEs for<br>this subscriber group  |  |
|                          | subject to the surcharge  | subject to the surcharge   |  |
|                          | computation   | computation  |  |
|                          |   | SYNDICATED EXCLUSIVITY   |  |
|                          | SURCHARGE   | SURCHARGE  |  |
|                          | First Group   | Second Group   |  |
|                          |   |  |  |
|                          | ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP  | ONE HUNDRED 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<br>total number of DSEs for   | and enter here. This is the<br>total number of DSEs for  |  |
|                          | this subscriber group   | this subscriber group  |  |
|                          | subject to the surcharge  | subject to the surcharge   |  |
|                          | computation   | computation  |  |
|                          | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |  |
|                          | SURCHARGE   | SURCHARGE  |  |
|                          | Third Group   | Fourth Group   |  |
|                          |   |  |  |
|                          | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea  | ch subscriber group as shown   |  |
|                          | in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | ) <b>5</b>   |  |
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|                          |   |  |  |

|                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |  |
|--------------------------|---|---|--|
| Name                     | CABLE ONE, INC.   |   |  |
|                          | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |  |
| 9                        | 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 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined |   |  |
| Computation<br>of        | by section 76.5 of FCC rules in effect on June 24, 1981:  |   |  |
| Base Rate Fee            |   |   |  |
| and                      | Step 1: In line 1, give the total DSEs by subscriber group for commerc  | ial VHF Grade B contour stations listed in block A, part 9 of |  |
| Syndicated               | this schedule.  |   |  |
| Exclusivity<br>Surcharge | Step 2: In line 2, give the total number of DSEs by subscriber group fo<br>Exempt DSEs in block C, part 7 of this schedule. If none enter   |   |  |
| for                      | Step 3: In line 3, subtract line 2 from line 1. This is the total number of   |   |  |
| Partially                | Step 4: Compute the surcharge for each subscriber group using the fo  | rmula 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.  |   |  |
|                          |   |   |  |
|                          |   |   |  |
|                          | ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP  | ONE HUNDRED EIGHTEENTH 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<br>total number of DSEs for   | and enter here. This is the<br>total number of DSEs for       |  |
|                          | this subscriber group   | this subscriber group   |  |
|                          | subject to the surcharge  | subject to the surcharge                                      |  |
|                          | computation   | computation   |  |
|                          | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |  |
|                          | SURCHARGE   | SURCHARGE   |  |
|                          | First Group   | Second Group  |  |
|                          |   |   |  |
|                          | ONE HUNDRED NINTEENTH SUBSCRIBER GROUP  | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP                        |  |
|                          |   |   |  |
|                          | Line 1: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                 |  |
|                          | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                           |  |
|                          | and enter here. This is the   | and enter here. This is the                                   |  |
|                          | total number of DSEs for  | total number of DSEs for                                      |  |
|                          | this subscriber group   | this subscriber group   |  |
|                          | subject to the surcharge  | subject to the surcharge                                      |  |
|                          | computation   | computation   |  |
|                          |   | SYNDICATED EXCLUSIVITY  |  |
|                          | SURCHARGE<br>Third Group  | SURCHARGE<br>Fourth Group                                     |  |
|                          |   | Fourth Group  |  |
|                          |   |   |  |
|                          | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea  |   |  |
|                          | in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | )   |  |
|                          |   |   |  |
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|                          |   |   |  |

| Name                |  | TEM ID# |
|---------------------|--|---------|
| Name                |  |         |
|                     | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |         |
| 9                   | 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<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981: |         |
| Computation<br>of   | First 50 major television market  Second 50 major television market  |         |
| Base Rate Fee       | INSTRUCTIONS:  |         |
| and<br>Syndicated   | 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 this schedule.   |         |
| Exclusivity         | 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  |         |
| Surcharge<br>for    | Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.   |         |
| Partially           | Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br>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<br>Stations | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.  |         |
|                     | ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP ONE HUNDRED TWENTY-SECOND SUBSCRIBER GR  | OUP     |
|                     | Line 1: Enter the VHF DSEs   |         |
|                     | Line 2: Enter the Exempt DSEs  |         |
|                     | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surchargeLine 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                               |         |
|                     | computation  | -       |
|                     | SYNDICATED EXCLUSIVITY         SURCHARGE         First Group         \$         Second Group         \$  |         |
|                     | ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP   | OUP     |
|                     | Line 1: Enter the VHF DSEs   |         |
|                     | Line 2: Enter the Exempt DSEs  |         |
|                     | Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 from line 1and enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber groupsubject to the surchargesubject to the surchargecomputation  | _       |
|                     | SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         \$  |         |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |         |
|                     |  |         |
|                     |  |         |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID#  |  |  |
|---|--|--|--|
| Name  |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9   | 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 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<br>of   | First 50 major television market   |  |  |
| Base Rate Fee<br>and  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of   |  |  |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for confinencial VHP Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   | ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP  |  |  |
|   |  |  |  |
|   | 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       subject to the surcharge         computation   |  |  |
|   | SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       SURCHARGE         First Group       \$   |  |  |
|   | ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP   |  |  |
|   | 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       subject to the surcharge         computation   |  |  |
|   | SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         \$    Fourth Group  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |  |  |
|   |  |  |  |
|   |  |  |  |

| Name                | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|---------------------|--|--|
| Name                |  |  |
|                     | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9                   | 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 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<br>of   | First 50 major television market   | Second 50 major television market                              |
| Base Rate Fee       | INSTRUCTIONS:  |  |
| and<br>Syndicated   | Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.   | al VHF Grade B contour stations listed in block A, part 9 of   |
| Exclusivity         | Step 2: In line 2, give the total number of DSEs by subscriber group for   | r the VHF Grade B contour stations that were classified as     |
| Surcharge<br>for    | Exempt DSEs in block C, part 7 of this schedule. If none enter<br>Step 3: In line 3 subtract line 2 from line 1. This is the total number of   |  |
| Partially           | Step 3:       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         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<br>Stations | schedule. In making this computation, use gross receipts figure your actual calculations on this form.   | es applicable to the particular group. You do not need to show |
|                     | ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTIETH 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<br>this subscriber group  | total number of DSEs for<br>this subscriber group              |
|                     | subject to the surcharge   | subject to the surcharge                                       |
|                     | computation  | computation  |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY<br>SURCHARGE                            |
|                     | First Group  | Second Group   |
|                     | ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-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<br>total number of DSEs for  | and enter here. This is the<br>total number of DSEs for        |
|                     | this subscriber group  | this subscriber group  |
|                     | subject to the surcharge   | subject to the surcharge                                       |
|                     | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                     | SURCHARGE<br>Third Group   | SURCHARGE<br>Fourth Group                                      |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown<br>)                              |
|                     |  |  |
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| Name                | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|---------------------|--|--|
| Name                |  |  |
|                     | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9                   | 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 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<br>of   | First 50 major television market   | Second 50 major television market                                  |
| Base Rate Fee       | INSTRUCTIONS:  |  |
| and<br>Syndicated   | 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 this schedule.   |  |
| Exclusivity         | Step 2: In line 2, give the total number of DSEs by subscriber group for   |  |
| Surcharge<br>for    | Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.   |  |
| Partially           | Step 3: In the 3, subtract line 2 form line 1. This is the total number of DSEs used to compute the surcharge.<br>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<br>Stations | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.  |  |
|                     | ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|                     | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group                  |
|                     | subject to the surcharge   | subject to the surcharge   |
|                     | computation  | computation  |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group                |
|                     | ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-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<br>total number of DSEs for  | and enter here. This is the total number of DSEs for               |
|                     | this subscriber group  | this subscriber group  |
|                     | subject to the surcharge   | subject to the surcharge   |
|                     | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                     | SURCHARGE  | SURCHARGE  |
|                     | Third Group  | Fourth Group   |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ich subscriber group as shown )                                    |
|                     |  |  |
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|                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
|---------------------|---|--|
| Name                | CABLE ONE, INC.   |  |
|                     | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |
| 9                   | 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 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined |  |
| Computation<br>of   | by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Base Rate Fee       | INSTRUCTIONS:   |  |
| and                 | Step 1: In line 1, give the total DSEs by subscriber group for commercial   | al VHF Grade B contour stations listed in block A, part 9 of |
| Syndicated          | this schedule.  |  |
| Exclusivity         | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for   |  |
| Surcharge           | Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  |  |
| for<br>Partially    | <b>Step 4:</b> Compute the surcharge for each subscriber group using the for  |  |
| Distant<br>Stations | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.   |  |
|                     | ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED THIRTY-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<br>total number of DSEs for   | and enter here. This is the<br>total number of DSEs for      |
|                     | this subscriber group   | this subscriber group  |
|                     | subject to the surcharge  | subject to the surcharge                                     |
|                     | computation   | computation  |
|                     | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY                                       |
|                     | SURCHARGE<br>First Group  | SURCHARGE<br>Second Group                                    |
|                     |   |  |
|                     | ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED FORTIETH 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<br>this subscriber group   | total number of DSEs for<br>this subscriber group            |
|                     | subject to the surcharge  | subject to the surcharge                                     |
|                     | computation   | computation  |
|                     | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY                                       |
|                     | SURCHARGE   | SURCHARGE  |
|                     | Third Group   | Fourth Group   |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   |  |
|                     |   |  |
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|                     |   |  |
|                     |   |  |

|                   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|-------------------|--|--|
| Name              | CABLE ONE, INC.  |  |
|                   |  |  |
|                   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9                 | 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<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation<br>of | ☐ First 50 major television market ☐ Second 50 major television market   |  |
| Base Rate Fee     | INSTRUCTIONS:  |  |
| and               | Step 1: In line 1, give the total DSEs by subscriber group for commerce  | ial VHF Grade B contour stations listed in block A, part 9 of  |
| Syndicated        | this schedule.   |  |
| Exclusivity       | 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  |  |
| Surcharge<br>for  | Exempt DSEs in block C, part 7 of this schedule. If none enter zero.   |  |
| Partially         | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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</li> </ul>   |  |
| Distant           |  | es applicable to the particular group. You do not need to show |
| Stations          | your actual calculations on this form.   |  |
|                   |  |  |
|                   |  |  |
|                   |  |  |
|                   | ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP   | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP                      |
|                   | Line 1. Enter the V/UE DSEe  |  |
|                   | 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<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge              |
|                   | computation  | computation  |
|                   | · · · · · · · · · · · · · · · · · · ·  |  |
|                   | SYNDICATED EXCLUSIVITY   |  |
|                   | SURCHARGE<br>First Group \$  | SURCHARGE<br>Second Group                                      |
|                   | First Group  |  |
|                   |  |  |
|                   | ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED FORTY-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                                       |
|                   |  |  |
|                   |  | SYNDICATED EXCLUSIVITY   |
|                   | SURCHARGE<br>Third Group   | SURCHARGE  |
|                   |  | Fourth Group   |
|                   |  |  |
|                   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea   | ch subscriber group as shown                                   |
|                   | in the boxes above. Enter here and in block 4, line 2 of space L (page 7   |  |
|                   |  |  |
|                   |  |  |
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|                           | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:   | / ID#   |
|---------------------------|--|---------|
| Name                      | CABLE ONE, INC.  |         |
|                           | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |         |
| 9                         | 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 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<br>of         | ☐ First 50 major television market ☐ Second 50 major television market   |         |
| Base Rate Fee             | INSTRUCTIONS:  |         |
| and<br>Syndicated         | 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  |         |
| Syndicated<br>Exclusivity | this schedule.<br>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  |         |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none enter zero.   |         |
| for<br>Partially          | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this   |         |
| Distant<br>Stations       | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.  |         |
|                           | ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP  |         |
|                           | 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<br>and enter here. This is the Line 3: Subtract line 2 from line 1<br>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         First Group       \$         Second Group       \$   |         |
|                           | ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP   |         |
|                           | Line 1: Enter the VHF DSEs   |         |
|                           | Line 2: Enter the Exempt DSEs  |         |
|                           | Line 3: Subtract line 2 from line 1<br>and enter here. This is the Line 3: Subtract line 2 from line 1<br>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  |         |
|                           | Third Group  | <u></u> |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |         |
|                           |  |         |
|                           |  |         |
|                           |  |         |
|                           |  |         |
|                           |  |         |
|                           |  |         |

|  | EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID  |  |
|--|--|--|
| Name   | CABLE ONE, INC.  |  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9  | 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 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<br>of  | □ First 50 major television market □ Second 50 major television market   |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>INSTRUCTIONS:</li> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> </ul>                                    |  |
| for<br>Partially<br>Distant<br>Stations                        | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |
|  | ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH SUBSCRIBER GROUP   |  |
|  | Line 1: Enter the VHF 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       subject to the surcharge         computation   |  |
|  | SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       \$URCHARGE         First Group   |  |
|  | ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 and enter here. This is the total number of DSEs for       Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for  |  |
|  | this subscriber group       this subscriber group         subject to the surcharge       subject to the surcharge         computation       -  |  |
|  | SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         \$         Fourth Group         \$  |  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |  |
|  |  |  |
|  |  |  |

|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |
|----------------------------------|---|---|
| Name                             | CABLE ONE, INC.   |   |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |
| 9                                | 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 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined                               |   |
| Computation<br>of                | by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Base Rate Fee                    | INSTRUCTIONS:   |   |
| and                              | Step 1: In line 1, give the total DSEs by subscriber group for commerci   | ial VHF Grade B contour stations listed in block A, part 9 of |
| Syndicated                       | this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group for  | r the VILE Crede D contour stations, that were closelified as |
| Exclusivity<br>Surcharge         | Exempt DSEs in block C, part 7 of this schedule. If none enter  |   |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.   |   |
| Partially<br>Distant<br>Stations | 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |   |
|                                  | ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED FIFTY-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<br>this subscriber group   | total number of DSEs for<br>this subscriber group             |
|                                  | subject to the surcharge  | subject to the surcharge                                      |
|                                  | computation   | computation   |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |
|                                  | SURCHARGE<br>First Group  | SURCHARGE<br>Second Group                                     |
|                                  | ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP  | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP                      |
|                                  |   |   |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF 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<br>subject to the surcharge   | this subscriber group<br>subject to the surcharge             |
|                                  | computation   | computation   |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |
|                                  | SURCHARGE   | SURCHARGE   |
|                                  | Third Group   | Fourth Group  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |   |
|                                  |   |   |
|                                  |   |   |
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|                                  |   |   |
|                                  |   |   |

| Name                | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|---------------------|--|--|
| Name                |  |  |
|                     | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9                   | 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 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<br>of   |  | Second 50 major television market  |
| Base Rate Fee       | INSTRUCTIONS:  |  |
| and<br>Syndicated   | Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.   | ial VHF Grade B contour stations listed in block A, part 9 of                                  |
| Exclusivity         | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for  | r the VHF Grade B contour stations that were classified as                                     |
| Surcharge           | Exempt DSEs in block C, part 7 of this schedule. If none enter   |  |
| for<br>Partially    | Step 3: In line 3, subtract line 2 from line 1. This is the total number of<br>Step 4: Compute the surcharge for each subscriber group using the for   | · •  |
| Distant<br>Stations | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.  |  |
|                     | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-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<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge  |
|                     | computation  | computation  |
|                     | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                     | SURCHARGE<br>First Group   | SURCHARGE<br>Second Group  |
|                     | ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED SIXTIETH 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<br>and enter here. This is the<br>total number of DSEs for   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for |
|                     | this subscriber group  | this subscriber group  |
|                     | subject to the surcharge   | subject to the surcharge computation   |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE   |
|                     | Third Group  | Fourth Group   |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ch subscriber group as shown<br>)  |
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