This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
02/28/2019	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting Period	2018/2									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	CABLE ONE, INC.									
				00742720182						
				007427 2018/2						
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626									
С	INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of	•								
System	1 IDENTIFICATION OF CABLE SYSTEM:	the eyetem, ir aim	ordina modificació givo							
	MAILING ADDRESS OF CABLE SYSTEM: 2005 S. MAIN STREET (Number, street, rural route, apartment, or suite number) ROSWELL, NM 88203 (City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b						
Area	with all communities.									
Served	CITY OR TOWN	STATE		_						
First Community	ROSWELL	NM								
Community	Below is a sample for reporting communities if you report multiple cha			OUR ORR#						
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP	SUB GRP#						
Sample	Alliance	MD	A B	2						
	Gering	MD	В	3						

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

ORIVI SASE, PAGE 10.			0\/0TE14 ID //	1								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#									
CABLE ONE, INC.			007427									
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.												
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.												
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).												
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.												
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#									
ROSWELL	NM			First								
CHAVES COUNTY	NM			Community								
				See instructions for								
				additional information								
				on alphabetization.								
				Add rows as necessary.								

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007427

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	R	ATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:							
 Service to first set 	3,702	\$	40.00				
 Service to additional set(s) 	7,800		0.00				
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
			••••••		1	†	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1				BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE	CATEG	ORY OF SERVICE	R	RATE
Continuing Services:		Installation: Non-residential						
Pay cable	\$ 17.00	Motel, hotel	\$	90.00	EXPAN	DED BASIC	\$	80.00
 Pay cable—add'l channel 	\$ 9.00	Commercial	\$	90.00	DVR		\$	15.00
Fire protection		Pay cable			HD REC	CEIVERS	\$	5.00
Burglar protection		 Pay cable-add'l channel 			DVP		\$	15.00
Installation: Residential		Fire protection			DIGITA	L ESPANOL	\$	3.00
First set	\$ 90.00	Burglar protection			DIGITA	L ACCESS	\$	5.00
 Additional set(s) 		Other services:						
FM radio (if separate rate)		Reconnect	\$	60.00				
Converter		Disconnect						
		Outlet relocation	\$	60.00				
		 Move to new address 	\$	30.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007427 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) KASA-1 27 No SANTA FE, NM I KASA-2 2 No ALBUQUERQUE, NM See instructions for additional information KASY-1 36 I-M No ALBUQUERQUE, NM on alphabetization. KASY-2 I-M No 36 ALBUQUERQUE, NM KASY-3 36 I-M No ALBUQUERQUE, NM KASY-4 36 I-M No ALBUQUERQUE, NM **KBIM** 10 Ν No ROSWELL, NM 10 **KCHF** ı No SANTA FE, NM **KENW** 32 Ε No PORTALES, NM **KLUZ** 42 ı No ALBUQUERQUE, NM Ν KOAT-1 7 No ALBUQUERQUE, NM **KOAT-2** I-M No ALBUQUERQUE, NM 7 KOAT-3 7 I-M No ALBUQUERQUE, NM KOBR-2 8 I-M No ROSWELL, NM KOBR-2 8 I-M No ROSWELL. NM **KRPV-DT** 28 ı No ROSWELL, NM **KRQE** 13 I-M No ALBUQUERQUE, NM **KRTN** 39 1 No ALBUQUERQUE, NM

ACCOUNT	ING PERIOD: 2018
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CABLE ONE, INC. 007427	Name
PRIMARY TRANSMITTERS: TELEVISION	_
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.50(d)/2) and (4) 76.50(d)/2) and (4) 76.50(d)/2) and (4) 76.50(d)/2) and (4) 76.50(d)/2) and (5) and (6) and (7) and (8) and (8) and (9) and (9) and (1) and (1) and (1) and (2) and (2) and (3) and (3) and (4) and (3) and (4) and (4) and (5) and (6) and (6	Duine am.
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.	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	Television
basis under specifc FCC rules, regulations, or authorizations:	
• Do not list the station here in space G. but do list it in space I (the Special Statement and Program I og). if the	i

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AA CONT'D	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	_	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KTEL	25	1	No		CARLSBAD, NM
KUPT	29	I	No		HOBBS, NM
KWBQ	29	I	No		SANTA FE, NM
KWBQ-2	29	I-M	No		SANTA FE, NM
KWBQ-3	29	I-M	No		SANTA FE, NM
	-	·····			l

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				007427	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Substitute Part In the station here, basis. For further in the paper SA3 for Column 1: List each action multicast stream as "WETA" WETA-simulcast). Column 2: Give the substitute Substitute Part Indicate educational station, by (for independent multifue For the meaning of the Column 4: If the st planation of local service Column 5: If you have substitute Part In the	G, identify every eystem during the cystem carried the channel number of the c	y television st he accounting in June 24, 199 4), or 76.63 (in d in the next respect to any attions, or auth G—but do lis- titute basis. ace I, if the sta- terning substiff sign. Do not r in a station acc streams must beer the FCC has, WRC is Cha- te, WRC is Cha- te, WRC is Cha- te, the station. whether the state of the station. whether the state of the state of the station. whether the state of the state of the station.	period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: to the station was carried ute basis station to the period of the reported in the station is a network ation is a network ation is a network of the period of the stational, contained the stational of th	to (1) stations carried the carriage of certain (1e)(2) and (4))]; as a carried by your cone Special Statement of the Special Special Special Special Statement of the Special S	es". If not, enter "No". For an ex-	G Primary Transmitters: Television
of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	ion of a distant entered into o a primary trans simulcasts, also ree categories e location of ea	multicast streen or before Jumitter or an acounter "E". If , see page (v) ch station. Fo	eam that is not some 30, 2009, be association repreyou carried the of the general of the Stations,	subject to a royalty etween a cable systemeting the primal channel on any of instructions locate list the community	r payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form.	
Note: If you are utilizing		nnel line-ups,		space G for each	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	U. LOCATION OF STATION	
	NUMBER	STATION	,	(If Distant)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
· · · · · · · · · · · · · · · · · · ·					007427	
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For	ERS: TELEVISIO G, identify even system during ti ions in effect or 6.61(e)(2) and (sis, as explaine stations: With r CC rules, regula r here in space only on a subs and also in spa formation conc rm. th station's call associated with c-2". Simulcast e channel numl se. For example ystem carried the in each case v r entering the le cast), "E" (for n rese terms, see ation is outside ce area, see pe ave entered "Y the distant static ion on a part-ti is ion of a distant the entered into o a primary trans simulcasts, also	y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in a station account in a station. In the station account in a station account in a station account in a station account in a station. In the local service in column account in a station in column account in a station account	period, except period, except period, except period, except period, except period, permitting the referring to 76.6 paragraph. I distant stations orizations: I tit in space I (the stion was carried ute basis station period or origination period origination period in the stion is a network), "N-M" (I educational), consider the stion is a network period area, (i.e. "origeneral instructive area, (i.e. "origeneral instructive area, (i.e. "origeneral instructive accounting period p	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the Special	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	y to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
	T	CHANN	EL LINE-UP	AC		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGIV	NUMBER	STATION	(103 01 140)	(If Distant)		
						
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FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007427	Name
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76	system during t ions in effect or 6.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (i	period, except 81, permitting the referring to 76.6	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary
substitute program bas Substitute Basis S				s carried by your c	able system on a substitute program	Transmitters Television
basis under specifc FC	CC rules, regula	ations, or auth	orizations:		ent and Program Log)—if the	Television
	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located	
Column 1: List eac	ch station's call	-		. •	s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
			•	•	n stream separately; for example	
its community of licens	se. For example	e, WRC is Ch	-		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	ork station, an inde	ependent station, or a noncommercial	
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (for network multic	ast), "I" (for independent), "I-M"	
(for independent multion (for the meaning of the	,,		,,	•	ommercial educational multicast).	
					es". If not, enter "No". For an ex-	
planation of local servi						
•			•	-	stating the basis on which your rering "LAC" if your cable system	
carried the distant stat		-		•		
	•				payment because it is the subject	
-				•	stem or an association representing	
•			•	• .	ry transmitter, enter the designa- her basis, enter "O." For a further	
` ' '			•	•	d in the paper SA3 form.	
					to which the station is licensed by the	
		. ,		•	which the station is identifed.	
Note: If you are utilizir	ng multiple chai		•	•	channel line-up.	
	1	CHANN	EL LINE-UP	AD		
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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CABLE ONE, INC. On American Sea Ge, 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 requisitions in effect on June 24, 1881, permitting the carriage of certain network programs [sections 75.569(x)2) and (4); 76.61(e)(2) and (4); 76.01(e)(2) an	FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	
General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis. Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station. **Column 4: To Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 5: If you have entered the station.** **Column 6: 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 on a part-time basis because of lack of activated channel capacity. **Column 6: If you have entered Yes 'in column 4, you must comp	CABLE ONE, IN	NC.				007427	Name
Gramed by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: 5. Do not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams and swCETA-2". Simulcasts treams must be reported in column 1 (list each stream separately, for example WETA-3:millicast). For the animal probability 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 distation, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried	PRIMARY TRANSMITTE	RS: TELEVISION	ON				
Television basis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - Do not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams associated with a station according to its over-the-air designation. For example, report multicast streams save TR-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (y) 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 (y) of the general instructions located the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on	carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76	system during to ions in effect of 6.61(e)(2) and (he accounting n June 24, 19 (4), or 76.63 (i	period, except 81, permitting the referring to 76.6	(1) stations carrie	d only on a part-time basis under ain network programs [sections	Primary
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Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION				-		•	
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For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 1. CALL 2. B'CAST CHANNEL OF CHANNEL OF CARRIAGE 6. LOCATION OF STATION CARRIAGE							
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cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE	olanation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the	paper SA3 form.	
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CHANNEL LINE-UP AE 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE CHANNEL CH					•	•	
1. CALL 2. B'CAST CHANNEL 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CHANNEL	Note: If you are utilizin	ig multiple chai		•	•	channel line-up.	
SIGN CHANNEL OF (Yes or No) CARRIAGE		ı	CHANN	EL LINE-UP	AE		
						6. LOCATION OF STATION	
	SIGN			(Yes or No)			
		NOWBER	STATION		(II Distant)		
		• • • • • • • • • • • • • • • • • • • •					
						ļ	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007427	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you had cable system carried the cable system carried the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during the control of the c	y television structure by television structure 24, 194 4), or 76.63 (radio the next) respect to any attions, or auth G—but do list titute basis. ace I, if the state that it is sign. Do not radio the station according to the station according to the station. Whether the station. Whether the station. Whether the station according to the local servage (v) of the the local servage (v) of the es" in column on during the same basis becard multicast streen or before Jumitter or an according to the station. For example, (v) ch station. For the station.	g period, except 81, permitting the referring to 76.6 paragraph. If distant stations is a carried to the total basis station report origination cording to its own to be reported in containing to the total basis station is a network betwork), "N-M" (I educational), one general instruction of the period of the general instruction of the general instruction.	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as a carried by your case special Statement of both on a substitution, see page (v) on program service: er-the-air designation of the television statistical program of the television of t	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing	ig multiple chai	• •	•		charmer line-up.	
	1	CHANN	EL LINE-UP	AF		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				007427	Nume	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "T" (for network), "N-M" (for network multicast), "F" (for independen						G Primary Transmitters: Television	
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AG			
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)			
					<u> </u>		
							
	<u> </u>						
	1						

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
CABLE ONE, INC. 007427	
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.51(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for	G Primary Transmitters: Television
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007427		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.							
educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local servi Column 5: If you ha cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.						
		CHANN	EL LINE-UP	Al			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN					007427	
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.661(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as ssociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast)						
Column 6: Give the	e location of ea Canadian statio	ch station. Fo ns, if any, given nel line-ups,	r U.S. stations, e the name of th	list the community ne community with space G for each	to which the station is licensed by the which the station is identifed.	
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. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007427	- Tumo
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine and consine as explaine stations: With recording the consideration of the consideration	ne accounting a June 24, 1944), or 76.63 (r d in the next prespect to any litions, or auth G—but do list litute basis. Ince I, if the staterning substite sign. Do not reast a station accepted to the state of the s	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the tition was carried ute basis station eport origination coording to its ow- be reported in of as assigned to	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television statistics).	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel	Primary Transmitters: Television
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		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				007427		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for						Primary Transmitters: Television	
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AL			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	<u></u>						

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007427	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.616([e)(2) and (4), 76.63 (refring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for indepe							
		CHANN	EL LINE-UP	AM			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID#	Name		
CABLE ONE, INC.				007427	Name		
PRIMARY TRANSMITTERS: T	ELEVISION						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.63 (referring to 76.61 (e)(2) and (4))], and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "[for independent), "I-M" (for independent multicast), "E" (
	CHANN	EL LINE-UP	AN				
SIGN CH	CAST 3. TYPE HANNEL OF JMBER STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007427		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens	system during to ions in effect or 6.61(e)(2) and (6.61(e)(2)	ne accounting In June 24, 1944), or 76.63 (In d in the next present to any attons, or auth G—but do listitute basis. In the state of th	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its over be reported in our	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel	Primary Transmitters: Television	
educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.						
		CHANN	EL LINE-UP	AO			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007427	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.69(d)(2) and (4), 76.616(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute program basis stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial							
		CHANN	EL LINE-UP	AP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID#	Nama		
CABLE ONE, INC.				007427	Name		
PRIMARY TRANSMITTERS: T	TELEVISION						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space ((the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network),"N-M" (for network multic							
	CHAN	NEL LINE-UP	AQ				
SIGN CH	CAST 3. TYPE HANNEL OF JMBER STATIO	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	1C.				007427	<u> </u>
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
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educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	On which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.					
		CHANN	EL LINE-UP	AR		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				007427	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Pasis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licens on which your cable so Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the splanation of local service Column 5: If you he cable system carried the distant stat For the retransmiss of a written agreement the cable system and	G, identify even the system during the cash, "E" (for nese terms, see la ave entered "Yche distant station is out a part-tire in on a primary trans	y television standard accounting in June 24, 194, or 76.63 (in din the next) respect to any ations, or auth G—but do listitute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the est in column on during the account in the local service in a standard (v) of the est in column on during the account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service in or before Jumitter or an account in the local service i	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the time the time that it in space I (the station was carried that it is station was carried that it is one period of the time that it is a network), "N-M" (I educational), contained the time that it is either that it is either that is not some that is not some that is not some 30, 2009, be association representations."	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the Special	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
tion "E" (exempt). For explanation of these the Column 6: Give the	simulcasts, also nree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups,	you carried the of the general or U.S. stations, e the name of the	channel on any of instructions locate list the community ne community with space G for each	ther basis, enter "O." For a further and in the paper SA3 form. If to which the station is licensed by the and which the station is identifed.	
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. PAGE 3.										
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name				
CABLE ONE, II	NC.				007427					
PRIMARY TRANSMITT	ERS: TELEVISIO	N								
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Pasis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in the paper SA3 (Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st planation of local servi Column 5: If you he cable system carried the distant stat For the retransmiss of a written agreement.	G, identify every system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(e)(2) and (6.51(e)(2) and (6.51(e)(2) and (6.51(e)(2) and also in spanformation concorm. The station's call associated with associated with associated with associated the in each case we entering the lecast), "E" (for more terms, see paraive entered "Ye he distant staticion on a part-tirision of a distant tentered into out 6.51(e) and 6.51(e) a	y television standard programme accounting and June 24, 194, or 76.63 (rd din the next) respect to any attions, or auth G—but do list titute basis. In the standard programme as tation account of the station account of the station. The station account of the station account of the local services are (v) of the services in column on during the ame basis becamulticast strendard programme stream or before June 24, 196 (rd din the local services in column on during the ame basis becamulticast strendard programme stream or before June 24, 196 (rd din the local services in column or during the ame basis becamulticast strendard programme stream or before June 24, 196 (rd din the local services in the lo	period, except period, except period, except period, except period, except period, permitting the referring to 76.6 paragraph. I distant stations orizations: I it in space I (the station was carried ute basis station period or origination period origination period pe	(1) stations carried the carriage of certain (e) (2) and (4))]; as a carried by your content of the Special Statement of the Special	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing	G Primary Transmitters: Television				
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.										
	1	CHANN	EL LINE-UP	AI						
1. CALL		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. PAGE 3.						NG PERIOD: 2018/2		
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name		
CABLE ONE, IN					007427			
	G, identify ever	y television st	, ,		and low power television stations) d only on a part-time basis under	G		
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.								
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.								
List the station here,	and also in spa formation cond	ice I, if the sta			ute basis and also on some other f the general instructions located			
each multicast stream cast stream as "WETA WETA-simulcast).	associated with a-2". Simulcast	n a station acc streams must	cording to its over be reported in o	er-the-air designat column 1 (list each	s such as HBO, ESPN, etc. Identify ion. For example, report multi- n stream separately; for example			
its community of licens on which your cable sy	se. For example stem carried th	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial			
educational station, by	entering the le cast), "E" (for n	tter "N" (for no oncommercia	etwork), "N-M" (l educational), o	for network multic r "E-M" (for nonco	ast), "I" (for independent), "I-M" mmercial educational multicast).			
Column 4: If the standard planation of local servi	ation is outside ce area, see pa	the local servage (v) of the	rice area, (i.e. "c general instructi	distant"), enter "Ye ions located in the	s". If not, enter "No". For an ex-			
cable system carried the carried the distant state. For the retransmiss	ne distant statio ion on a part-tir ion of a distant	on during the a me basis beca multicast stre	accounting perion ause of lack of a eam that is not s	od. Indicate by ent ectivated channel of subject to a royalty	ering "LAC" if your cable system			
tion "E" (exempt). For explanation of these th	simulcasts, also ree categories	o enter "E". If , see page (v)	you carried the of the of the general i	channel on any ot instructions locate	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the			
	Canadian statio	ns, if any, give	e the name of th	ne community with	which the station is identifed.			
		CHANN	EL LINE-UP	AU				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)				
	†····			 				

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	NC.				007427			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4),76.61(e)(2) and (4),76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network), "In the paper SA3 form. Column 5: If you have ente								
Note: If you are utilizing	ig multiple chai	inel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AV				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
		<u> </u>						

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IED OF CARLE O	/STEM:			SYSTEM ID#				
CABLE ONE, IN		rSTEM:			007427	Name			
PRIMARY TRANSMITTE		N.			00.121				
In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76	G, identify every system during to ions in effect of 5.61(e)(2) and (y television st he accounting n June 24, 19 4), or 76.63 (r	period, except 81, permitting the referring to 76.6	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:			
substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.									
• List the station here,	and also in spa formation cond	ice I, if the sta			ute basis and also on some other f the general instructions located				
Column 1: List each each multicast stream	h station's call associated with	n a station ac	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example				
Column 2: Give the	se. For example	e, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel				
Column 3: Indicate educational station, by	in each case we entering the lecast), "E" (for no	whether the st etter "N" (for ne oncommercia	etwork), "N-M" (l educational), o	for network multic or "E-M" (for nonco	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).				
Column 4: If the standard planation of local servi Column 5: If you have	ation is outside ce area, see pa ave entered "Y	the local servage (v) of the es" in column	vice area, (i.e. "o general instruct 4, you must cor	distant"), enter "Ye ions located in the mplete column 5, s	s". If not, enter "No". For an ex-				
carried the distant stat For the retransmiss of a written agreement	ion on a part-tii ion of a distant entered into o	me basis beca multicast stre n or before Ju	ause of lack of a eam that is not s ine 30, 2009, be	ectivated channel of subject to a royalty etween a cable sys	•				
tion "E" (exempt). For explanation of these the Column 6: Give the	simulcasts, also nree categories e location of ea	o enter "E". If , see page (v) ch station. Fo	you carried the) of the general in the U.S. stations,	channel on any ot instructions locate list the community	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the				
Note: If you are utilizing				•	which the station is identifed. channel line-up.				
		CHANN	EL LINE-UP	AW					
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION				
	NUMBER	STATION		(If Distant)					
				ļ					

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007427 CABLE ONE. INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2018/2			
LEGAL NAME OF OWNER OF CABLE ONE, INC.	CABLE SYST	EM:					SYSTEM ID# 007427	Name			
SUBSTITUTE CARRIAGI								ı			
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 nonnetwork television program broadcast by a distant station? 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.			ge blank. II your answer is	res, you mit	ust comple	te trie pro	gram				
2. LOG OF SUBSTITUTE In General: List each subsiclear. If you need more spa	titute progra	ım on a separa		wherever pos	sible, if the	eir meanin	ng is				
	of every no	nnetwork televi	ision program (substitute p					1			
under certain FCC rules, re SA3 form for futher informa	ition. Do no	t use general o	categories like "movies", or					İ			
	n was broad	dcast live, ente	r "Yes." Otherwise enter "N					1			
	adcast static	on's location (th	asting the substitute programe community to which the	station is lice		e FCC or	, in	1			
	nth and day		tem carried the substitute p			, with the	month	İ			
	es when the		gram was carried by your o ed by a system from 6:01:1					İ			
			was substituted for progra					1			
to delete under FCC rules a gram was substituted for preffect on October 19, 1976	rogramming							1			
,					EN SUBST		7. REASON	İ			
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		TIMES	FOR DELETION	İ			
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM		ГО	1			
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ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007427

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

DATES AND HOURS OF PART-TIME CARRIAGE										
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN CARRIAGE OCCURRED				
OALL GIGIT	DATE	FROM	OURS TO			O/ LEE O/O/Y	DATE	FROM	IOUR	S TO
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			_						_	
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						<u> </u>		<u> </u>		

	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#						
CA	BLE ONE, INC.		007427	Name					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)									
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ${\sf k}$ 3 below.	e entered on line 1 of	:						
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2 in bl	lock						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line	е						
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K	e is 1.064 percent of							
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	Ψ .	710,303.00						
	This is your minimum fee.	\$	8,709.79						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perion Yes—Complete the DSE schedule.	nn 4, you must check	(
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$							
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00						
	Line 3. Add lines 1 and 2 and enter here	\$	-						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	8,709.79	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter 0.00								
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)								
	Line 4. FILING FEE								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	9,434.79	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the		additional 1665.					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427									
M Channels	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.									
	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to Be Contacted										
for Further Information	Name EMERSON YEARWOOD Telephone 602-364-6195									
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)									
	PHOENIX, AZ 85012-2626 (City, town, state, zip)									
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6195									
0	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, but only one, of the boxes.) [(Owner other than corporation or partnership) 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 identified as owner of the cable system in line 1 of space B.									
	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. [18 U.S.C., Section 1001(1986)]									
	X /s/ Raymond Storck									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "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 (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 authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name					
CABLE ONE, INC. 007427						
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?						
X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q					
Line 1 Enter the amount of late payment or underpayment	Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here						
Line 3 Multiply line 2 by the number of days late and enter the sum here						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)						
(interest charge)						
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.						
Owner Address						
First community served Accounting period ID number						

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

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

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

Step 2: Calculate the station's basis of carriage value: The DSE of

a station also depends on its basis of carriage. If, as shown in space 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 broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



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

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

Ψ0,0000								
First Subscriber Group		Second Subscriber Group		Third Subscriber Group				
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)				
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00			
DSEs	2.472	DSEs	1.083	DSEs	1.389			
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03			
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80			
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23			
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03			

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

ACCOUNTING PERIOD: 2018/2

DSE SCHEDULE. PAG	E 11. (CONTINUED)							
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427							
1								
	SUM OF DSEs OF CATEGOR	Y "O" STATIO	NS:					
	Add the DSEs of each station							
	Enter the sum here and in line		0.00					
	Instructions:					<u> </u>		
2		Sign": list the ca	II signs of all distant stations	identified by t	he letter "O" in column 5			
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).							
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-							
of DSEs for	mercial educational station, give the DSE as ".25."							
Category "O"	CALL SIGN	DOE	CATEGORY "O" STATION CALL SIGN		CALL SIGN	DCE		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as								
necessary.								
Remember to copy								
all formula into new								
rows.								

						·····		

Name	CABLE ONE	WNER OF CABLE SYSTEM:					S	YSTEM ID# 007427
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	at the call sign of all distate: For each station, give to correspond with the information: For each station, give to its index in a least to the third deciminate in the call index in the same independent of value as ".25."	the number of hour mation given in so the total number of umn 2 by the figur mal point. This is station, give the "	urs your cable syste pace J. Calculate or of hours that the state in column 3, and the "basis of carriag type-value" as "1.0." ure in column 5, and	m carried the stanly one DSE for each broadcast over give the result in the value of the solution of the solut	tion during the accounting each station. Her the air during the accord decimals in column 4. The	ounting period. nis figure must acational station, less than the	
Capacity		(CATEGORY L	AC STATIONS:	COMPUTATI	ON OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	ER 3. JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		SE
						x		
						x		
			÷		=	x x	=	
			÷		=	x	=	
						x		
			-	:	=	x	= =	
	Add the DSEs of	OF CATEGORY LAC Sof each station. m here and in line 2 of p		dule,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: F at your option. Column 3: E Column 4: I	ct on October 19, 1976 (ne or more live, nonnetw For each station give the This figure should corre Enter the number of day: Divide the figure in colun	titution for a progr (as shown by the ork programs duri number of live, r spond with the inf s in the calendar on 2 by the figure	ram that your systen letter "P" in column ng that optional carr nonnetwork program formation in space I. year: 365, except in in column 3, and gi	n was permitted to the following of space (); and the following (as shown by the security of the following carried in substance (); a leap year.	o delete under FCC rule	2 of were deleted as than the third	·m).
		SU	BSTITUTE-BA	ASIS STATION	S: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		4	-	=		4		=
			+	=			+	=
		4	-	=		-	+	=
		4	÷			-	-	=
	Add the DSEs of	OF SUBSTITUTE-BAS	IS STATIONS:	dule,	▶	0.00		
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the am applicable to your system DSEs from part 2 DSEs from part 3 DSEs from part 4		xes in parts 2, 3, and	4 of this schedule	e and add them to provide	0.00 0.00 0.00	
	TOTAL NUMBE	R OF DSEs						0.00

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

LEGAL NAME OF C		SYSTEM:					S'	YSTEM ID#	Name		
CABLE ONE, I								007427			
Instructions: Block A:									•		
 If your answer if schedule. 			•	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6		
If your answer if	"No," complete blo			ELEVISION M	ARKETS				Computation of		
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee		
effect on June 24,		schedule—[OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7					
	olete blocks B and										
		BLOO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs					
Column 1:	List the call signs			part 2, 3, and 4 o			tem was permitte	d to carry			
CALL SIGN		ne DSE Sche	dule. (Note: TI	ne 25, 1981. For for the letter M below r Act of 2010.)	•	•					
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to CARRIAGE 76.61(b)(c)]											
O/WWW.	B Specialty static C Noncommeric D Grandfathered	al educational at attached attached att	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)					
	instructions for E Carried pursuant A station pre	ant to individ	ual waiver of F	CC rules (76.7) ne or substitute ba	usis prior to .lı	ine 25 1981					
	•	JHF station w	vithin grade-B	contour, [76.59(d)	•		erring to 76.61(e)	(5)			
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE			
	<u> </u>										
								0.00			
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE						
Line 1: Enter the	total number of	DSEs from	nart 5 of this	schedule				_			
Line 2: Enter the											
	·				at to the 2.75	roto	,				
Line 3: Subtract (If zero, I				7 of this schedu		rate.		0.00	Do any of the		
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially		
Line 5: Multiply I	ine 4 by 0.0375	and enter si	um here						permited/ partially nonpermitted		
Line 6: Enter tota	al number of DS	Es from line	: 3				. X		carriage? If yes, see part 9 instructions.		
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	J		

1 CALL		LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427											
BLOCK A: TELEVISION MARKETS (CONTINUED) 1. CALL													
SIGN	BASIS	0. 502	SIGN	BASIS	0. 502	SIGN	BASIS	0. 502	6 Computation of				
									3.75 Fee				
					•			•••••					
					•			•••••					
								•••••					
								•••••					
								••••••					
								•					
								••••••					
								•••••					

Name	CABLE ONE, IN		SYSTEM:						s	907427
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prior Column 1: List the or Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FORAM APart-time spicate) For Fore Fore Fore Fore Fore Fore Fore F	or to June 25, 19 call sign for each the DSE for this the accounting the basis of car CC rules and reecialty programming: Ca (e)(3)). Carriage under ceal instructions in the station's DSE et he DSE figure B, column 3 of information you	981, under forme ch distant station is station for a single period and year irriage on which the egulations cited be siming: Carriage, coll), or 76.63 (referenciage under FCC ertain FCC rules, in the paper SA3 fSE for the current resolution is the part 6 for this stational given in columns.	er FCC rules govidentifed by the gle accounting pin which the carne station was celew pertain to ton a part-time barring to 76.61(e) C rules, sections regulations, or a form. t accounting per ms 2 and 5 and attion. 2, 3, and 4 mus	veri let per ria arri tho asi (1) s 7 aut	entifed by the letter "F" ning part-time and subter "F" in column 2 of priod, occurring between ge and DSE occurred; it is in effect on June 24 s, of specialty program ()). 16.59(d)(3), 76.61(e)(3) thorizations. For furthe d as computed in parts to the smaller of the two see accurate and is subject to the subject of th	stitute carri- part 6 of the n January 1 (e.g., 1981/ e following l, 1981. Iming under , or 76.63 (for r explanation 2, 3, and 4 of figures her	age. DSE schedule, 1978 and Juri 1) letters r FCC rules, so referring to on, see page (v of this schedule, This figure	e ne 30, 19 ections vi) of the ale should b	981 De enterei
		PERMITTE	D DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRIOF	3. AC	COUNTING		4. BASIS OF	5. PF	RESENT	6. P	ERMITTED
l	SIGN	DSE	Р	ERIOD		CARRIAGE	[OSE		DSE
									} 	
7 Computation	Instructions: Block A In block A: If your answer is	·	oleted. e blocks B and C	, below.						
of the	If your answer is	"No," leave blo	cks B and C blan	k and complete	pa	art 8 of the DSE schedu	ule.			
Syndicated			BLOCI	K A: MAJOR	TE	ELEVISION MARK	ET			
Exclusivity Surcharge	Is any portion of the c Yes—Complete	•		or television mar	ket	t as defned by section 7		rules in effect J	lune 24,	1981?
					ا٦					
		-	Grade B Contour		4	BLOCK	C: Compu	tation of Exem	npt DSEs	3
	Is any station listed in commercial VHF station in part, over the cal	ion that places a				Was any station listed nity served by the cab to former FCC rule 76	le system p			
	Yes—List each st X No—Enter zero a		its appropriate per art 8.	mitted DSE		Yes—List each st			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN NE	DSE
				 						
				 						
			•••••••••••							
		 		<u>-</u>						
		 		 						
			TOTAL DSEs	0.00			- 4	TOTAL DS	3Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 007427	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	818,589.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge. \$\$\\$\$		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET	1	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
	<u>'</u>	CABLE ONE, INC.	007427								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.									
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)									
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$									
Surcharge		C. Multiply line B by 3.000 and enter here									
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$									
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here									
		F. Multiply line D by line E and enter here									
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)									
		Syndicated Exclusivity Surcharge	<u></u> .								
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of packed "Yes," use the total number of DSEs from part 5. book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	elow								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS										
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?										
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.									
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ \$ 818,589	.00_								
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	0.00								
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts									
		(the amount in section 1)	<u>-</u>								
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 5,738.31									
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here									
		D. Multiply line B by line C and enter here	<u>-</u>								
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)									
		Base Rate Fee	<u></u> l.								

1504 N	ANS OF ONNER OF OARLE OVOTEN	1
_	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
CABL	E ONE, INC. 007427	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	_
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$	8
	(the amount in section 1)	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) \$	of Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	Dase Rate Fee
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) > \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here \(\bigsim\)	
	G. Add lines A, C, and F. This is your base rate fee.	
	Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee ▶ \$ 0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G	9
•	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	of
exclusi	on, you must:	Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Surcharge
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
also co	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, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially
Step 1	For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted Stations
carried	to that community.	Stations
outside	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.)	
subscr	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.	
•	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
•	section:	
	fy the communities/areas represented by each subscriber group.	
• Give	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• If:		
	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,	
	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 apper SA3 form.	
page. DSEs f	oute 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.	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007427 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007427	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						 		Syndicated
				-			<u></u>	Exclusivity
		_	<u></u>			-	<u></u>	Surcharge
							····	for Partially
	····		····					Distant
								Stations
						-		
							<u></u>	
T / 1 DOE		<u> </u>	0.00	T		<u> </u>	0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP	-	FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
		-				 		
	····		····			<u> </u>		
						H		
		ļ				-	<u> </u>	
		H						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add t	he hasa ra	ta face for each subs	criber group	as shown in the hove	s ahove			
Enter here and in bloc			onber group	as snown in the buse	o above.	\$	0.00	

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007427	Name
				TE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE		I SUBSCRIBER GRO	UP 0	9
						Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
			····					and
								Syndicated
					<u></u>			Exclusivity
	·····	-						Surcharge for
								Partially
								Distant
	·····	-			·····			Stations
	·····							
	•••••							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE		SUBSCRIBER GROU	UP 0	
COMMONT IT AIRE	·			COMMONT IT ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
		-						
								
								
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
								
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC	AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# BLE ONE, INC. 007427										
E		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	_			
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
			<u></u>					Base Rate Fee and			
								Syndicated			
								Exclusivity			
	<u></u>		<u> </u>			-	<u> </u>	Surcharge for			
								Partially			
						-		Distant Stations			
	···					-	····	Stations			
											
Total DSEs			0.00	Total DSEs		_	0.00				
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00				
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
	LEVENTH	SUBSCRIBER GRO				SUBSCRIBER GRO	UP 0				
COMMUNITY/ AREA			0	COMMUNITY/ ARE							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
						-					
			····								
Total DSEs			0.00	Total DSFa			0.00				
Total DSEs	Croun	¢	0.00	Total DSEs	rth Crous	¢	0.00				
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rai Group	\$	0.00				
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00				
Page Pate Fee: Add	ho hace re	to food for each auch	oribor graves	as shown in the have	a above						
Base Rate Fee: Add to Enter here and in block			onber group	as shown in the boxe	abuve.	\$					

	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007427									
				ATE FEES FOR EAC						
		SUBSCRIBER GRO		11		1 SUBSCRIBER GRO		9		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	0	Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
					····			and		
								Syndicated Exclusivity		
					·····			Surcharge		
								for		
								Partially		
	·····		<u> </u>		····		<u></u>	Distant Stations		
						•		Stations		
					····		<u></u>			
Total DSEs		.!	0.00	Total DSEs		11	0.00			
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00			
Gross recorpts i iis	Согоир		0.00	Cross rescipts seed	ona Group		0.00			
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
		SUBSCRIBER GRO		III		SUBSCRIBER GRO	UP			
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
							<u></u>			
			<u>-</u>		····					
			<u> </u>		·····		<u> </u>			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Thir	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			
				П						
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$				
						L	1			

CABLE ONE, INC	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007427									
				ATE FEES FOR EACH						
		SUBSCRIBER GROU		11		SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
	<u></u>							and		
								Syndicated Exclusivity		
								Surcharge		
								for		
								Partially		
	<u></u>	-						Distant Stations		
								Stations		
								i		
		-						İ		
					<u></u>			i		
	<u></u>							İ		
Total DSEs	<u> </u>	!	0.00	Total DSEs		<u>!!</u>	0.00	İ		
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ		
								İ		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00			
		SUBSCRIBER GROU		II		SUBSCRIBER GROU	JP 0	1		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	1					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ		
	<u></u>							İ		
								İ		
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Total DSEs			0.00	Total DSEs			0.00	İ		
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	l		
								İ		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	1		
Base Rate Fee: Add	the base rat	e fees for each subsc	riber aroun	as shown in the boxes	above			İ		
Enter here and in blo			3 ,04p			\$		1		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427								
				ATE FEES FOR EACH			ID.	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		SUBSCRIBER GRO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ILE GIGIT	DOL	OALL CICIV	DOL	O/ILL CIGIT	BOL	O'ALL O'GIV	DOL	Base Rate Fee
								and
								Syndicated
					<u></u>			Exclusivity Surcharge
					···			for
								Partially
								Distant
					<u></u>			Stations
								İ
								İ
								1
					 			İ
T-+-1 DOF-			0.00	T-4-1 DOE-		Ц	0.00	İ
Total DSEs	Carrie	•	0.00	Total DSEs	ad Casua	•	0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	1
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
TWE	NTY-THIRD	SUBSCRIBER GROU	JP	II		I SUBSCRIBER GRO	UP	İ
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	İ
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	1
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427								
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		III		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
	···				···			Surcharge
								for
								Partially
								Distant Stations
								Stations
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	····				···			İ
Total DSEs	-	!	0.00	Total DSEs	-	11	0.00	İ
Gross Receipts First (Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	İ
					с. с. р			İ
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		III		SUBSCRIBER GROU		1
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
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				-	···			İ
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								İ
Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	İ
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	1
Base Rate Fee: Add t			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007427	Name
Bl	_OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCF	RIBER GROUP		
	ΓY-NINTH	SUBSCRIBER GROU		TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.122.0.0.1	202	0,122 0.011	202	07.22 0.01	202	07.22 0.0.1	302	Base Rate Fee
								and
					<u></u>			Syndicated
				-				Exclusivity
							····	Surcharge for
					<u></u>			Partially
								Distant
								Stations
					<u></u>			l
								l
								l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
								l
Base Rate Fee First G		\$	0.00	Base Rate Fee Second		\$	0.00	
	TY-FIRST	SUBSCRIBER GRO	<u>JP</u>	II		SUBSCRIBER GROU		l
COMMUNITY/ AREA				COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
					<mark>.</mark>			l
								l
					···			l
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								l
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	·				<mark></mark>			l
					<u></u>			l
								l
					<u></u>			l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	1
							 	1
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		1

LEGAL NAME OF OWN		LE SYSTEM:				S	YSTEM ID# 007427	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
	····	-	····					for
								Partially
								Distant
								Stations
	····		<u></u>	-	·····			
	····	-			••••			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		ii .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
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	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
C. Soo Roscipto Tilliu	Cloup	<u>-</u>		C1000 1 1000 pto 1 00	Отоир	<u>*</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427								
				ATE FEES FOR EAC				
		SUBSCRIBER GROU		11		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	····				<u></u>			Syndicated Exclusivity
								Surcharge
								for
								Partially
		-			<u></u>			Distant Stations
								Stations
		-						
					<u></u>			
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Gross Receipts First	Gloup	4	0.00	Gloss Neceiplis Seco	na Group	-	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
THIE	RTY-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	
	<u></u>				<u></u>			
					-			
	<u></u>							
	<u></u>							
	····				<u></u>			
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 bloo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007427	Name
				TE FEES FOR EAC			LID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GRO	0 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIT	DOL	OALL GIGIT	DOL	OALE GIGIT	DOL	OALL GIGIT	DOL	Base Rate Fee
								and
	<u></u>							Syndicated
						<u> </u>		Exclusivity
					·····		····	Surcharge for
	••••		<u></u>		····	-		Partially
								Distant
								Stations
	<u></u>		<u></u>					
	····					-		
						-		
						†		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FOR	RTY-THIRD	SUBSCRIBER GRO)UP	FOR	TY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<u></u>			-		
						-		
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	<u></u>		<mark></mark>		<u> </u>		<u></u>	
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						-		
						-		
	<u></u>		<mark></mark>		<u> </u>		<u></u>	
	••••					<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007427	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RTY-FIFTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
								Syndicated
				·				Exclusivity Surcharge
••••••	<u></u>	-	<u></u>		••••			for
								Partially
		-						Distant
	<u></u>				<u>.</u>			Stations
	<u></u>							
				·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY	-SEVENTH	SUBSCRIBER GRO)UP	FOI	RTY-EIGHTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>				<u></u>			
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	<u></u>				·····			
		-			·····			
	<u></u>	-	<u></u>		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	•	0.00	Gross Receipts Fou	rth Group	•	0.00	
Cioss Necelplis IIIIII	Стоир	\$	0.00	1033 Neceibis Lon	rai Gioup	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	YSTEM ID# 007427	Name
		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
						 		and
						-		Syndicated Exclusivity
			·			-		Surcharge
								for
					<mark></mark>			Partially
	·				····	-		Distant Stations
			······································		····	-		Otations
			······································		····			
Total DSEs	'		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIF	TY-FIRST	SUBSCRIBER GRO	UP	FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		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	Froun	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
C.000 Receipts Hill C	лоцр	•	<u> </u>	Oroso recoupts rout	Οισαρ	<u>*</u>	<u> </u>	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427								
				ATE FEES FOR EAC				
F COMMUNITY/ AREA		SUBSCRIBER GRO	JP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	JP 0	9
COMMUNITY AREA				COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and Syndicated
					<u></u>			Exclusivity
								Surcharge
		-						for Partially
								Distant
								Stations
					<u></u>			
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	: Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO		iii —		SUBSCRIBER GROU	JP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	·····			-				
					<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007427	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		Ħ		I SUBSCRIBER GRO	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fe
								and Syndicated
		H						Exclusivity
								Surcharge
								for
			<u></u>					Partially
			<u></u>	·				Distant Stations
	·····			·	·····			Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····			
				1				
					·····			
				1				
		=						
		_						
							····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007427	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u></u>		<u></u>			Syndicated
	····		<u> </u>		····			Exclusivity Surcharge
	••••	-	<u>-</u>		····	•	••••	for
								Partially
								Distant
			<u></u>		<u></u>			Stations
			<mark></mark>		<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	
SIX	KTY-THIRD	SUBSCRIBER GRO	UP	SIX	TY-FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
	·····		<u></u>					
			<u></u>		····			
			<u> </u>		<u></u>			
			<u></u>					
					····			
			<u></u>					
			. 		····			
			<u></u>		••••			
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in blood			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN		LE SYSTEM:				S	YSTEM ID# 007427	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO)UP	Ħ		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
	····							Surcharge
								for
								Partially
		-						Distant
	<mark></mark>		<u></u>	-	·····			Stations
	····		<u></u>		••••			
	····	-	<u></u>		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY	-SEVENTH	SUBSCRIBER GRO)UP	SI	XTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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 Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
•	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007427								
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
			<u>.</u>					and	
								Syndicated Exclusivity	
		<u> </u>		1				Surcharge	
		-						for	
								Partially	
								Distant	
								Stations	
	···						<u></u>		
	···		···			•	·····		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SEVEN	ITY-FIRST	SUBSCRIBER GRO)UP	SEVEN	ITY-SECONE	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						•			
	···		<u></u>						
		-		1					
		-							
Total DSEs			0.00	Total DSEs			0.00		
	Group	·			rth Crown	¢	_		
Gross Receipts Third	310up	4	0.00	Joioss Receipts Fou	rai Group	Đ	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber ground the following subscriber ground the fee and in block 3, line 1, space L (page 7)			0.00	Gross Receipts Fou	rth Group	\$ \$	0.00		

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427								
				ATE FEES FOR EAC					
		SUBSCRIBER GROU		11		1 SUBSCRIBER GRO		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of		
								Base Rate Fee	
		-			<u></u>			and Syndicated	
								Exclusivity	
								Surcharge	
					<u></u>			for	
					<u></u>			Partially Distant	
		-						Stations	
								ı	
					<u></u>			ı	
								ı	
								ı	
								ı	
Total DSEs			0.00	Total DSEs			0.00	ı	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	ı	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	1	
SEVE	ENTY-FIFTH	SUBSCRIBER GROU	JP	SEVE	NTY-SIXTH	SUBSCRIBER GROU	JP	ı	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	0	1			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı	
					<u></u>			ı	
								ı	
								ı	
								ı	
								ı	
		-						ı	
								ı	
		-			<u></u>			ı	
					<u></u>			ı	
								ı	
								ı	
							0.00	ı	
Total DSEs			0.00	Total DSEs			0.00	ı	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	ı	
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourt	h Group	\$	0.00	l	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		l	

CABLE ONE, INC	ABLE ONE, INC. SYSTEM ID# 007427									
				TE FEES FOR EAC						
SEVENTY- COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ ARE.		SUBSCRIBER GRO	UP 0	9		
	505	T 0411 0101	T 505			II		Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee		
			-			-		and		
								Syndicated		
								Exclusivity		
		-						Surcharge		
								for Partially		
			······································		·····			Distant		
			······································		•••••	-		Stations		
Total DSEs			0.00	Total DSEs		ļ.ļ	0.00			
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO	UP -			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			<u> </u>	-		-				
					·····	-				
		-				-	•••••			
						-				
										
			······································		•••••	-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
C.000 Recopid Tilla	Cioup	•		S1000 Neccipis i ou	iai Gioup	<u>*</u>	<u> </u>			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add th	he hase r at	te fees for each subs	criber group	as shown in the have	s ahove					
Enter here and in block			group			\$				

CABLE ONE, INC	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007427								
	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
EIG	HTY-FIRST	SUBSCRIBER GRO	UP	EIGH	TY-SECONE	SUBSCRIBER GRO	JP	٥	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
		-						Syndicated Exclusivity	
		 						Surcharge	
								for	
								Partially	
			<u></u>					Distant	
								Stations	
	••••	H			•••••				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
EIGI	HTY-THIRD	SUBSCRIBER GRO	UP	EIGH	ITY-FOURTH	I SUBSCRIBER GRO	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
									
		=							
			···		·····				
					••••		····		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	ross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$			

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427								
				ATE FEES FOR EAC					
COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	UP 0	9	
COMMUNITY AREA				COMMUNITY AREA				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and Syndicated	
								Exclusivity	
								Surcharge	
								for Partially	
								Distant	
								Stations	
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	nd Group	\$	0.00		
EIGHT	Y-SEVENTH	SUBSCRIBER GRO	UP	EIGH	ITY-EIGHTH	SUBSCRIBER GROU	UP		
COMMUNITY/ AREA	4		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	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$ 0.0		0.00			
Base Rate Fee: Add Enter here and in blo			criber group	o as shown in the boxes	s above.	\$			

LEGAL NAME OF OWNE	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007427									
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	ID			
COMMUNITY/ AREA	I T-INIIN I II	SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GROU	0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee		
	·		······································		••••	-		and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for		
	<u> </u>							Partially		
								Distant		
								Stations		
	<mark></mark>					-				
	<u></u>					H				
	<u>-</u>		 							
						++				
Total DSEs			0.00	Total DSEs		!!	0.00			
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00			
		SUBSCRIBER GRO	<u>'</u>			SUBSCRIBER GROU	•			
COMMUNITY/ AREA		SOBSCRIBER GROU	0	COMMUNITY/ AREA		SOBSCRIBER GROU	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						 				
	···		·		••••	-				
	·		·		••••					
	<mark></mark>		ļ							
			<u>.</u>							
Total DSEs	1		0.00	Total DSEs		П	0.00			
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00			
,	•				r					
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
Base Rate Fee: Add th	ne base rat	te fees for each subsc	criber aroun	as shown in the boxe	s above.					
Enter here and in block			0 1			\$				

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP NINETY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	9 Computation of Base Rate Fee and
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Computation of Base Rate Fee
	Computation of Base Rate Fee
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of Base Rate Fee
	and
	0
	Syndicated Exclusivity
	Surcharge
	for
	Partially
	Distant Stations
	Stations
Total DSEs 0.00 Total DSEs 0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
NINETY-FIFTH SUBSCRIBER GROUP NINETY-SIXTH SUBSCRIBER GROUP	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
Total DSEs Total DSEs	
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 base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$	

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427								
				ATE FEES FOR EACH					
		SUBSCRIBER GROU		11		I SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	<u></u>							and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
		-						Distant Stations	
								Stations	
		-							
					<u></u>				
Total DSEs	<u> </u>		0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
Gross Receipts First	Gloup		0.00	Gloss Necelpts Secon	na Group	-	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00		
NIN	ETY-NINTH	SUBSCRIBER GROU	JP	II		SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					<u></u>				
					····				
		-							
					<u></u>			I	
					···				
								I	
									
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

CABLE ONE, INC.	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007427								
				ATE FEES FOR EAC			LID		
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	9	
0411 01011	505		T 505	041.0101		II oall oloal	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
						-		and	
						-		Syndicated	
			•		•••••	-		Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
		-						Stations	
	···								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			······································						
									
		-	······································	·	·····	-			
		 				 			
			•		•••••	-			
Total DSEs			0.00	Total DSEs			0.00		
	2	_			-41- 0	_			
Gross Receipts Third (эгоир	*	0.00	Gross Receipts Fou	ıın Group	\$	0.00		
Base Rate Fee Third 0	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	c			
Liner note and in biodi	K 0, IIIIC 1, 3	opace L (page 1,				\$			

LEGAL NAME OF OWN		LE SYSTEM:				S	YSTEM ID# 007427	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		ii e		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated
						 		Exclusivity Surcharge
					•••••		····	for
								Partially
								Distant
								Stations
				·		-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	UP	ONE HUNDE	RED EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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				·		 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in blood			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007427	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		li		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0,122 0.011	202	07.122.010.1	202	07.122.01011	202	07.122.01.01.1	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
	···	-			•••••	-		Partially
								Distant
								Stations
		-						
	····							
						-		
			•		•••••		••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Second		\$	0.00	
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
						-		
	<u></u>				<u></u>		<u></u>	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in blood			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007427	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED TH	RTEENTH	SUBSCRIBER GRO	JP	ii —		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
			-					and
								Syndicated
								Exclusivity
								Surcharge
		-						for
		-						Partially
	<u></u>							Distant Stations
								Stations
	···		······································					
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F	IFTEENTH	SUBSCRIBER GRO	JP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
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			<u>.</u>			-		
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427								Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		III		SUBSCRIBER GROU		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-			<u></u>			Syndicated Exclusivity
								Surcharge
								for
								Partially
		-						Distant
					<u></u>		<u></u>	Stations
					-			
					<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs	_	11	0.00	
	Croup	•	0.00		nd Croup	•	0.00	
Gross Receipts First	Gloup	\$	0.00	Gross Receipts Secon	id Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		SUBSCRIBER GROU	UP	
COMMUNITY/ ARE/	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
				-		-		
					<u></u>			
					···			
	·····				<u></u>			
					···			
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 Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007427	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWEE	NTY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED TWEN	ITY-SECONE	SUBSCRIBER GROUP	1	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
					<u></u>			
T			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TWEN	NTY-THIRD	SUBSCRIBER GROUP	1	ONE HUNDRED TWEN	TY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				-	<u></u>			
				-	<u></u>			
	··	-			<u></u>			
					••••••••••			
					<u></u>			
		-			<u></u>			
Total 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	ne hase rat	te fees for each subsc	riber grour	as shown in the hoves	ahove			
Enter here and in block			anoor group	, as shown in the boxes	above.	\$		

CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 007427	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	ITY-FIFTH	SUBSCRIBER GROUP		Ħ	NTY-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
								and
		-						Syndicated
					<u></u>			Exclusivity Surcharge
								for
								Partially
								Distant Stations
		-						Stations
	 							
	ļ							
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
						<u>*</u>		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		11	ITY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·			
		-						
								
	ļ							
	 							
								
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	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007427	Name
	BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCF	RIBER GROUP		
		SUBSCRIBER GROUP				H 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
	<u></u>				<u></u>			Syndicated
				-				Exclusivity Surcharge
					···			for
								Partially
								Distant
	<u></u>	-						Stations
	····				···			I
								I
								I
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TI	HIRTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECONI	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	-						I
					 			
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					<u></u>			I
								
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	<u></u>				<u></u>			I
					···			I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007427	Name
Е	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RTY-THIRD	SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	<u></u>		···		••••		····	Syndicated
								Exclusivity
		ļ						Surcharge
	<u></u>							for Partially
		<u> </u>		·				Distant
								Stations
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	<u></u>	-	•••	·				
	···		···		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	IRTY-FIFTH	SUBSCRIBER GROU		††		H SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		 	···				·····	
	<u></u>	-						
								
	<u></u>	<u> </u>						
		-	···	·	·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427								Name
				TE FEES FOR EACH				
ONE HUNDRED THIR		SUBSCRIBER GROUP		ii e		H SUBSCRIBER GROUF		9
COMMUNITY/ AREA	······································		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
					<mark></mark>		<u></u>	Syndicated Exclusivity
								Surcharge
								for
								Partially
					<u></u>			Distant Stations
								Stations
								I
					<u></u>			I
								
Total DSEs	<u> </u>		0.00	Total DSEs		· · · · · · · · · · · · · · · · · · ·	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii .		SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u></u>			
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		-						
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								I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007427	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROUP		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	٠		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			 					and
								Syndicated Exclusivity
	·····						••••	Surcharge
								for
								Partially
		-						Distant Stations
								Stations
Total DSEs	<u> </u>		0.00	Total DSEs		Ц	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
	·				·			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii .		SUBSCRIBER GROUP		
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	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007427	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FORTY-SIXTH	I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated Exclusivity
						-		Surcharge
								for
								Partially
						 		Distant
						-		Stations
						-		
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED FO	ORTY-EIGHTH	I SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<mark></mark>					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007427	Name
				TE FEES FOR EAC				
ONE HUNDRED FOR COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRO		ONE HUNDRI		SUBSCRIBER GROU	UP 0	9
COMMUNITY/ AREA			0	COMMUNITY AREA	4		U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u>.</u>					and
								Syndicated Exclusivity
	<u></u>		<u>.</u>			 	·····	Surcharge
								for
								Partially
	<u></u>		<u> </u>					Distant Stations
						-		Stations
	<mark></mark>							
								
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
						· ·		
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
					••••			
	<u> </u>	-	<u> </u>					
						-		
	<u> </u>		<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007427	Name
				TE FEES FOR EAC				
ONE HUNDRED FIF		SUBSCRIBER GRO		İ		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						 		and
					<u>.</u>	-		Syndicated
						 		Exclusivity Surcharge
		H	···		•••••	-	<u> </u>	for
								Partially
								Distant
						-		Stations
				·		-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u></u>					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in blood			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427								
				ATE FEES FOR EAC				
		SUBSCRIBER GROUF		TI .		H SUBSCRIBER GROUF		9
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			·					Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
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					<u></u>			ı
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								ı
Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	ı
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	1
ONE HUNDRED	FIFTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDR	ED SIXTIETI	H SUBSCRIBER GROUF)	ı
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	1
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Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	ı
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Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	l
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		l

LEGAL NAME OF OW		LE SYSTEM:				S	007427	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA	············		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
or coo recorpto r mot	Огоар	<u>*</u>		l cross resolpts cos	ona Group	<u>*</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	·		0	COMMUNITY/ ARE	Α		0	
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$	0.00	

Name	YSTEM ID# 007427	S'			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				BL
9	JP 0	SUBSCRIBER GROU	SIXTH	COMMUNITY/ A DE A		SUBSCRIBER GRO	FIFTH	COMMANDATIVE A DE A
Computatio				COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	_	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

Name	YSTEM ID# 007427	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				BL
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GRO	NINTH	
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	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	LEVENTH	EL
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Name	YSTEM ID# 007427	S'				_E SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	IRTEENTH			SUBSCRIBER GRO	RTEENTH	
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	IXTEENTH	S	UP	SUBSCRIBER GRO	FTEENTH	FII
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	ID			TE FEES FOR EACH				
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	JP	SUBSCRIBER GROU	VENTIETH	TV	JP	SUBSCRIBER GRO	NTEENTH	NI
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Name	O07427	S'				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BL
9	IP	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	IP	SUBSCRIBER GROU	/-FOURTH	TWENTY	JP	SUBSCRIBER GRO	TY-THIRD	TWENT
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LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 007427	Name
				TE FEES FOR EACH				
	ITY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs			0.00	Total DSEs		ļļ.	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GRO	DUP			SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
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Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxes	above.	\$		

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	JP	SUBSCRIBER GROU	/-SECOND	THIRTY	JP	SUBSCRIBER GRO	TY-FIRST	THIR
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				Base Rate Fee Fourth	0.00		_	ase Rate Fee Third (

	YSTEM ID# 007427					LE SYSTEM:	R OF CABL	CABLE ONE, INC.
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9	JP	SUBSCRIBER GROU	/-FOURTH	THIRT		SUBSCRIBER GRO	ry-third	THIR
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First (\$	0.00	Base Rate Fee Sec		\$	0.00	
	RTY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO	_	
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
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fotal DSEs			0.00	Total DSEs			0.00	
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Total DSEs	Group	\$			rth Group	\$	-	
ross Receipts Third		\$				\$ \$	-	
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	007427	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	JP	SUBSCRIBER GROU	′-FOURTH	FORT	JP	SUBSCRIBER GRO	TY-THIRD	FORT
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	YSTEM ID# 007427	S				LE SYSTEM:	R OF CABL	CABLE ONE, INC.
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9	JP	SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	FOR ⁻	UP	SUBSCRIBER GRO	SEVENTH	FORTY-S
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Name	YSTEM ID# 007427	S'				LE SYSTEM:		CABLE ONE, INC.
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9		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GRO	TY-NINTH	
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	IP	SUBSCRIBER GROU	-SECOND	FIFT	LIP	SUBSCRIBER GRO	TY-FIRST	FIF
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DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 SIXTIETH SUBSCRIBER GROUP	EIGHTH		LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427							
DSE										
DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations		FIFT	JP 0	SUBSCRIBER GRO	SEVENTH	FIFTY-S				
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ourth Group \$ 0.00	oup	Gross Receipts Fourth								

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S	IXTY-THIRD	SUBSCRIBER GRO	OUP	SIX	TY-FOURTH	I SUBSCRIBER GRO	UP	
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LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427							Name	
				TE FEES FOR EACH				
	ΓY-FIFTH	SUBSCRIBER GRO		iii	XTY-SIXTH	SUBSCRIBER GRO		9
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Total DSEs			0.00	Total DSEs		Į.	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	
SIXTY-S	EVENTH	SUBSCRIBER GRO	UP			I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
te Fee: Add th	e base rat			as shown in the boxes		\$	0.00	

	YSTEM ID# 007427	S`				LE SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
9	UP	SUBSCRIBER GROU	VENTIETH	SE		SUBSCRIBER GRO	TY-NINTH	SIX
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	i	SUBSCRIBER GROU	, o=ooup		I D	01100001050 0001		OE) (EN
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Name	YSTEM ID# 007427	S			· 	LE SYSTEM:		LEGAL NAME OF OWNER CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BL
	JP	SUBSCRIBER GROU	/-FOURTH	SEVENT	JP	SUBSCRIBER GRO	TY-THIRD	SEVENT
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	E ONE, INC. 007427							
	ID.			TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SEVENT COMMUNITY/ AREA	<u>JP</u>	SUBSCRIBER GRO	SEVENIH	SEVENTY-S COMMUNITY/ AREA
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	JP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GRO	TY-NINTH	SEVEN [*]
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	EIGH
	0.00 JP O DSE	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	Group	EIGH COMMUNITY/ AREA CALL SIGN
	0.00 JP	SUBSCRIBER GROU	d Group 7-FOURTH DSE	EIGHTY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GRO	HTY-THIRD DSE	EIGH COMMUNITY/ AREA CALL SIGN
	0.00 JP O DSE	\$ SUBSCRIBER GROU	d Group 7-FOURTH DSE	Base Rate Fee Secon EIGHT COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	HTY-THIRD DSE	EIGH COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 JP	SUBSCRIBER GROU	d Group 7-FOURTH DSE	EIGHTY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GRO	HTY-THIRD DSE	COMMUNITY/ AREA

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427							
<u> </u>				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and						-		
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	0.00		-1 0	Total DSEs	0.00			Total DSEs
	0.00	\$	a Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	Y-EIGHTH	EIGHT	JP	SUBSCRIBER GRO	SEVENTH	EIGHTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-						
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G
	_	\$	Group			\$	Group	

NI	YSTEM ID# 007427	S'			•	LE SYSTEM:		LEGAL NAME OF OWNER CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	NINTIETH			SUBSCRIBER GRO	ΓY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and								
Syndicated Exclusivity								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
=	0.00	\$		Base Rate Fee Secon	0.00	\$		Base Rate Fee First Gr
1		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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_	0.00			Total DSEs	0.00			Total DOL3
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427							Name	
				TE FEES FOR EAC				
	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fee
		-						and
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	···						<u> </u>	
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	NIN	NETY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		1	0.00	Total DSEs		11	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxes	s above.	\$		

	COMPUTATION OI I SUBSCRIBER GRO				RIBER GROUP I SUBSCRIBER GRO	IP	<u> </u>	
OMMUNITY/ AREA	I SUBSURIDER GRU		ININ	LII-EIGHIF	こういいうしんけいしん しんしき			
CALL SIGN DSE			COMMUNITY/ AREA 0				9	
CALL SIGN DSE	II	T 505			П ом. осом		Computati	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate I	
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otal DSEs		0.00	Total DSEs			0.00		
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
NINETY-NINTH	I SUBSCRIBER GRO	UP	ONE H	HUNDREDTH	SUBSCRIBER GRO	JP		
OMMUNITY/ AREA		0	COMMUNITY/ ARE	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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		<u></u>						
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otal DSEs		0.00	Total DSEs			0.00		
cross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
ase Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
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	IBER GROUP		NAME OF OWNER OF CABLE SYSTEM: LE ONE, INC. SYSTEM ID# 007427							
ROUP			TE FEES FOR EACH							
J. (00)	SUBSCRIBER GROU	SECOND	ONE HUNDRE	JP	SUBSCRIBER GROU	ED FIRST	ONE HUNDRE			
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
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0.00		1	Total DSEs	0.00		 	Total DSEs			
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G			
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G			
GROUP	SUBSCRIBER GROU) FOURTH	ONE HUNDREI	JP	SUBSCRIBER GROU	D THIRD	ONE HUNDRE			
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
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0.00			Total DSEs	0.00			Total DSEs			
	<u> </u>	Group			<u> </u>	iroun	Gross Receipts Third G			
3.00	*	. 5.5up	Cross recorpts rourt	3.00	· ·	очр	2.300 Noodpia Tillia C			
			Base Rate Fee Fourth	0.00	\$	`	Base Rate Fee Third G			
000000000000000000000000000000000000000	0.00 0.00 0.00	SUBSCRIBER GROUP CALL SIGN DSE 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	O.00 OFOURTH SUBSCRIBER GROUP DESE CALL SIGN DESE O.00	Total DSEs Gross Receipts Second Group ONE HUNDRED FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs O.00	0.00 Total DSEs 0.00 O.00 Base Rate Fee Second Group \$ 0.00 ORDER ONE HUNDRED FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSES 0.00 O.00 Total DSES 0.00 O.00 Total DSES 0.00	0.00	0.00			

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RED SIXTH	İ		SUBSCRIBER GRO	ED FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and and								
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for		-						
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-	0.00			Total DSEs	0.00			Total DSEs
=	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roun	Base Rate Fee First Gr
<u> </u>	•							
		SUBSCRIBER GROU	D EIGHTH	İ		SUBSCRIBER GRO	SEVENTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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+	0.00		<u> </u>	Total DSEs	0.00			Total DSEs
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	0.00	¢	Croun		0.00	\$	าเบนป	
T	0.00	\$	Group	Gross Receipts Fourth		-		Gross Receipts Third G

	F OWNER OF CABLE SYSTEM: SYSTEM ID# 007427							
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BI
0	JP	SUBSCRIBER GROU	ED TENTH	ONE HUNDR	JP	SUBSCRIBER GRO	ED NINTH	ONE HUNDRE
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
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for								
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	0.00		•	Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	JP	SUBSCRIBER GRO	LEVENTH	ONE HUNDRED E
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN		OALL CION	DSE	CALL SIGN	DSE	CALL SIGN
	DSE		DSE	II CALL SIGN				
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	DSE		DSE	CALL SIGN		-		
	DSE		DSE	CALL SIGN				
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	DSE		DSE	Total DSEs	0.00			Total DSEs
		\$			0.00	\$	Group	Total DSEs Gross Receipts Third C

	CABLE ONE, INC. 007427								
				TE FEES FOR EACH					
9	JP 0	SUBSCRIBER GROU	KTEENTH	ONE HUNDRED FOU COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTEENTH	ONE HUNDRED THI	
Computation				COMMONT IT AREA				COMMONT IT AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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and Syndicate	<u></u>						···		
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Froun	Gross Receipts First G	
	0.00	Ψ	а Огоар	Gross Receipts occorr	0.00	<u> </u>	лоир	orosa receipta i iist e	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GROU	FTEENTH	ONE HUNDRED FI	
	0	COMMUNITY/ AREA 0			0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			Fotal DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third (

	007427	S		CABLE ONE, INC.				
		IBER GROUP	SUBSCR	TE FEES FOR EACH				
•		SUBSCRIBER GROUP	GHTEENTH	ONE HUNDRED E	,	SUBSCRIBER GROUP	'ENTEENTH	ONE HUNDRED SEVE
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00		<u> </u>	Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	Base Rate Fee First G
	•	\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROU		
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	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP		INTEENTH	ONE HUNDRED NII
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	INTEENTH	ONE HUNDRED NII
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	INTEENTH	ONE HUNDRED NII
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	INTEENTH	ONE HUNDRED NII
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	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	INTEENTH	ONE HUNDRED NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	INTEENTH	ONE HUNDRED NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	INTEENTH	ONE HUNDRED NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP 0	SUBSCRIBER GROU	INTEENTH	COMMUNITY/ AREA
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	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	ONE HUNDRED NII COMMUNITY/ AREA CALL SIGN
	DSE DSE 0.00	SUBSCRIBER GROU	DSE	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED NII COMMUNITY/ AREA CALL SIGN Total DSEs

CABLE ONE, INC.	₹ OF CABL	LE SYSTEM:				<u> </u>	907427	Name
				TE FEES FOR EACH				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP		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
								Syndicated
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Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-FOURTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-					BOL	
	\L					-	502	
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Total DSEs			0.00	Total DSEs			0.00	
	oup	\$	0.00	Total DSEs Gross Receipts Fourth	n Group	\$		
Total DSEs Gross Receipts Third G	·	\$				\$	0.00	

	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
9	0	SUBSCRIBER GROUP	NTY-SIXTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-FIFTH	ONE HUNDRED TWE COMMUNITY/ AREA
Computation				COMMONT IT AREA				SOMMONT IT AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	a Group	Gross Receipts Secon	0.00	\$	Group	ross Receipts First G
	0.00	\$		Base Rate Fee Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	0.00		Group	ase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	E HUNDRED TWENTY
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	ase Rate Fee First G E HUNDRED TWENTY OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	ase Rate Fee First G HUNDRED TWENTY OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	ase Rate Fee First G HUNDRED TWENTY OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	ase Rate Fee First G E HUNDRED TWENTY OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	ase Rate Fee First G E HUNDRED TWENTY OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	E HUNDRED TWENTY
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	E HUNDRED TWENTY
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	E HUNDRED TWENTY
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	E HUNDRED TWENTY
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	E HUNDRED TWENTY
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Group '-SEVENTH	E HUNDRED TWENTY
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH DSE	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROUP	Group 7-SEVENTH DSE	E HUNDRED TWENTY COMMUNITY/ AREA CALL SIGN

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427								
		IBER GROUP	SUBSCR	TE FEES FOR EACH					
9		SUBSCRIBER GROUP	THIRTIETH			SUBSCRIBER GROUP	NTY-NINTH	ONE HUNDRED TWEN	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F	302	07.122.01.01.1	202	07.122.01011		07.22 0.0.1	202	07.22 0.0.1	
and									
Syndicated									
Exclusivity									
Surcharge		_				H			
for						 			
Partially	<u></u>		<u>.</u>						
Distant Stations									
Stations	···								
		<u> </u>							
						-			
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIR)	SUBSCRIBER GROUI	RTY-FIRST	ONE HUNDRED THIS	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		_							
						H			
	<u></u>	_			<u>.</u>				
						T			
	····					- <mark></mark>			
		T	<u> </u>						

						-			
	0.00			Total DSEs	0.00			Total DSEs	
	_		Group		_		Group		
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
9	0	SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED THIR' COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED THI
Computation				COMMUNITY AREA				COMMUNITY AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate Exclusivit							···	
Surcharg							···	
for				•••••		-		
Partially								
Distant				•••••				
Stations								
						-		
		-						
					<u> </u>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THIS	JP	SUBSCRIBER GRO	RTY-FIFTH	ONE HUNDRED THIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	····							
		-				-	···	
						-		
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	Group		0.00	\$	Group	
	-	\$	Group	Total DSEs Gross Receipts Fourth		\$	Group	Fotal DSEs

	CABLE ONE, INC. 007427								
				TE FEES FOR EACH					
9	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED THIR COMMUNITY/ AREA	0	SUBSCRIBER GROUF	'-SEVENTH	ONE HUNDRED THIRTY COMMUNITY/ AREA	
Computation				COMMUNITY AREA				COMMUNITY AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F									
and		-					<u></u>		
Syndicate Exclusivit	<u></u>	-				-	<u></u>		
Surcharge		-					<u></u>		
for	····	-				-	<u></u>		
Partially									
Distant							<u></u>		
Stations		 							
	<u></u>								
		-							
			<u> </u>						
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	TY-NINTH	NE HUNDRED THIR	
	0		COMMUNITY/ AREA 0					COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN	
		CALL SIGN		Total DSEs	0.00	CALL SIGN		Fotal DSEs	
	0.00								

EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007427								
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-SECONE	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
							····	Exclusivity Surcharge
								for
		-						Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs		ļļ.	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
0.000	oup	<u>*</u>			.u 0.0up	<u>*</u>		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-FOURTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
		-					<u> </u>	
		-					<u></u>	
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
	1-	·	1			<u>´</u>		
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	above.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A: (BL	
		SUBSCRIBER GROUP	ONE HUNDRED FO	,	ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP				
9 Computation	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
Syndicated									
Exclusivity									
Surcharge									
for									
Partially									
Distant					<mark>. </mark>	<u> </u>			
Stations						H			
						<u> </u>			
						<u> </u>			
						H			
					<u> </u>				
					<u> </u>				
	0.00	0.00			0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR)	HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP			
	COMMUNITY/ AREA0				0		COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
					1				
				1		1			
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

Name	YSTEM ID# 007427	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	Bl		
0	JP	SUBSCRIBER GROU	FIFTIETH	ONE HUNDRED	UP	SUBSCRIBER GRO	TY-NINTH	ONE HUNDRED FOR		
9 Computation	COMMUNITY/ AREA 0				0		COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate Fe										
and	<u></u>									
Syndicated										
Exclusivity										
Surcharge		-					·			
for Partially	<u></u>	-			 		·			
Partially Distant		-								
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Glations	<u> </u>				-		 			
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		H					 			
	····	<u>- </u>								
	•••••	1								
	0.00			Total DSEs	0.00		1	Total DSEs		
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G		
	ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP				UP	NE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP				
	COMMUNITY/ AREA0				0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
				li						
	····	-								
	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 907427								
				TE FEES FOR EACH					
9	INDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP OCOMMUNITY/ AREA OCOMMUNITY/ AREA							ONE HUNDRED FIFT COMMUNITY/ AREA	
Computation	V					V.			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F									
and							<mark></mark>		
Syndicate Exclusivit							<u> </u>		
Surcharg		H					<u></u>		
for									
Partially							<mark></mark>		
Distant Stations	····						<u> </u>		
Stations									
							<mark></mark>		
							<u> </u>		
	0.00			T-4-1 DOE-	0.00				
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G	
	0.00					\$		ase Rate Fee First G	
	ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP				NE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP MMUNITY/ AREA 0				
	COMMUNITY/ AREA 0							COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
							<mark></mark>		
							<u>-</u>		
		_							
							<mark></mark>		
							<u>-</u>		
					T	1			
	0.00			Total DSEs	0.00			otal DSEs	
	0.00		Group		0.00	\$	Group		
		\$	Group	Total DSEs Gross Receipts Fourth		\$	Group	otal DSEs Gross Receipts Third (

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 007427							
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
^	ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP				HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP			ONE HUNDRED FIFTY-
9	COMMUNITY/ AREA 0				MUNITY/ AREA 0			OMMUNITY/ AREA
Computat of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate			-		-			
and								
Syndicat	***************************************	_						
Exclusiv	<u></u>	_				-		
Surcharg							-	
for		_				-		
Partially								
Distant								
Stations								
						-		
						-		
	0.00			Total DSEs	0.00	<u>, </u>	'	otal DSEs
	Gross Receipts Second Group \$ 0.00			0.00				
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First Gr
		\$ SUBSCRIBER GROU			_	\$ SUBSCRIBER GROU		
					_			ase Rate Fee First Gr ONE HUNDRED FIFT OMMUNITY/ AREA
	P			ONE HUNDRED	JP			ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
	P 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT OMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	DNE HUNDRED FIFT DMMUNITY/ AREA CALL SIGN otal DSEs
	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED COMMUNITY/ AREA CALL SIGN	JP 0 DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED FIFT

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007427 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007427 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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