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	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the busine   If there were different owners during the accounting period, only the owner  a single statement of account and royalty fee payment covering the entire account.  Check here if this is the system's first filing. If not, enter the system's ID   LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  CABLE ONE, INC.	ess of the cable system on the last day of the counting perion	em the accounting period should s	
				00791820182
				007918 2018/2
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626			
С	INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM:		<u> </u>	
	MAILING ADDRESS OF CABLE SYSTEM:  1610 ARLINGTON  (Number, street, rural route, apartment, or suite number)  ADA, OK 74820 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area Served	with all communities.	lo=+==		
First	CITY OR TOWN  ADA	STATE OK		
Community	Below is a sample for reporting communities if you report multiple cha		pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
Campic	Alliance	MD	В	2
	Gering	MD	В	3

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

FORM SAJE. PAGE 10.			OVOTEM ID#	T 1					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
CABLE ONE, INC.			007918						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.									
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	the column blank. I	f you report any st	ations						
When reporting the carriage of television broadcast stations on a community-by-common channel line-up designated by an alpha-letter(s) (based on your Space G reporting) at (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	nd a subscriber gro								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
ADA	OK	AA	0	First					
BYNG	OK	AA	0	Community					
DAVIS	OK	AB	0						
FRANCIS	OK	AA	0						
PONTOTOC	OK	AA	0						
ROFF	OK	AA	0	See instructions for					
SULPHUR	OK	AB	0	additional information					
OCLITION	OIX	75	<u> </u>	on alphabetization.					
			• • • • • • • • • • • • • • • • • • • •						
				Add rows as necessary.					
				Add Tows as flecessary.					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007918

## Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:							
<ul> <li>Service to first set</li> </ul>	3,927	\$	40.00	COMMERCIAL   291   \$ 40.00			
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
1	I						

## 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	F	RATE	CATEGORY OF SERVICE	(	CATEGORY OF SERVICE	F	RATE		
Continuing Services:			Installation: Non-residential						
Pay cable	\$	17.00	Motel, hotel			-	TIER	\$	40.00
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			ſ			
Fire protection			Pay cable			-			
•Burglar protection			Pay cable-add'l channel			-			
Installation: Residential			Fire protection						
First set	\$	90.00	Burglar protection						
<ul> <li>Additional set(s)</li> </ul>	\$		Other services:			-			
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	60.00	-			
Converter			Disconnect	\$	30.00	-			
			Outlet relocation			-			
			<ul> <li>Move to new address</li> </ul>						
						-			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007918 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 CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) KETA-DT1 13 E-M OKLAHOMA CITY, OK Yes KFOR-DT1 #N/A #N/A No #N/A See instructions for additional information KTEN-DT1 26 N-M No ADA, OK on alphabetization. No KTEN-DT2 26 I-M ADA, OK 26 N-M No ADA, OK KTEN-DT3 **KWTV-DT1** #N/A #N/A No #N/A OKLAHOMA CITY, OK **KWTV-DT2** 9 No N-M KXII-DT1 29 N-M No SHERMAN, TX KXII-DT2 29 I-M No SHERMAN, TX KXII-DT3 29 I-M No SHERMAN, TX

**ACCOUNTING PERIOD: 2018/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 007918 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 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	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KAUT-DT1	40	I	No		OKLAHOMA CITY, OK
KETA-DT1	13	E-M	Yes	0	OKLAHOMA CITY, OK
KFOR-DT1	#N/A	#N/A	No		#N/A
KOCB-DT1	33	I-M	No		OKLAHOMA CITY, OK
KOCO-DT1	7	N-M	No		OKLAHOMA CITY, OK
KOKH-DT1	24	I-M	No		OKLAHOMA CITY, OK
KWTV-DT1	#N/A	#N/A	No		#N/A
KWTV-DT2	9	N-M	No		OKLAHOMA CITY, OK
KXII-DT1	29	N-M	No		SHERMAN, TX
	T	T	T		T

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007918		
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 as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for ind							
Note: if you are utilizing	ng multiple char	•	•	•	cnannel line-up.		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			
	<u> </u>						
	<u> </u>				·		

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name			
CABLE ONE, IN	NC.				007918				
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 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									
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		CHANN	EL LINE-UP	AD					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
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FURM SAJE. PAGE 3.					OVOTEM ID#	
CABLE ONE, IN		YSTEM:			SYSTEM ID# 007918	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during to ions in effect of 5.61(e)(2) and ( sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (i ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 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 tion "E" (exempt). For explanation of these th Column 6: Give the	here in space only on a subs and also in spa formation concern. The station's call associated with the cast of the station's call associated with the cast of the station is call associated with the cast of the	G—but do lis titute basis. ace I, if the state raning substitute sign. Do not reference to a station acestreams must be the FCC reference to the station. Whether the station. Whether the state "N" (for noncommercial page (v) of the the local service of the local service in column on during the me basis becare multicast streen or before Jumitter or an accenter "E". If , see page (v) ch station. For	tit in space I (the ation was carried tute basis station report origination report origination of the properties of the annel 4 in Wash tation is a network and a sassigned to the annel 4 in Wash tation is a network ation is a network ation is a network area, (i.e. "c general instructive area, (i.e. "c general instruction accounting period accounting pe	d both on a substitute, see page (v) on program service: er-the-air designate column 1 (list each the television statistington, D.C. This bork station, an indefor network multicute for "E-M" (for nonceptions located in the interest of the television statistington, D.C. This bork station, an indefor network multicute for "E-M" (for nonceptions located in the interest occurs located in the interest occurs of the primary of the primary channel on any of instructions located list the community	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	
Note: If you are utilizing	ig multiple chai		·	<u>'</u>	channel line-up.	
	I	CHANN	EL LINE-UP	AE		
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		'STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007918	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
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 In June 24, 198 4), or 76.63 (r d in the next prespect to any attions, or auth G—but do list titute basis. Ince I, if the sta erning substit sign. Do not re in a station account over the FCC h	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 ov- be reported in our	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television statistics).	and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the sute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in may be different from the channel	Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local servic Column 5: If you had be system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	estem carried the in each case we entering the lecast), "E" (for no ese terms, see pation is outside ce area, see pation on a part-tirion of a distant the entered into on a primary transisimulcasts, also aree categories, e location of each canadian station canadian station of a categories.	ne station.  whether the stater "N" (for ne concommercial page (v) of the state (v) or during the state (v) or before Jumitter or an asto center "E". If y, see page (v) of station. Fons, if any, give	ation is a netwo etwork), "N-M" ( I educational), o e general instruc- vice area, (i.e. "c general instruct- 4, you must cot ause of lack of a earn that is not s are 30, 2009, be association repre you carried the of the general in r U.S. stations, e the name of the	ork station, an indefor network multicor "E-M" (for noncotions located in the distant"), enter "Ye ions located in the mplete column 5, and. Indicate by enterivated channel of subject to a royalty stween a cable systement on any of instructions located list the community with th	ependent station, or a noncommercial ast), "I" (for independent), "I-M" ommercial educational multicast). The paper SA3 form.  It not, enter "No". For an experiment of the basis on which your stating the basis on which your capacity.  It payment because it is the subject of the stating as association representing the payment because it is the subject of the stating as association representing the payment basis, enter "O." For a further did in the paper SA3 form.  It to which the station is licensed by the payment is dentified.	
		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	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007918	Nume	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,59(d)2) and (4),76,61(e)(2) and (4),0 or 76,63 (referring to 76,61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational in station; or an explanation of local service are							
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	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	AG			
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		/STEM:			SYSTEM ID#	Name			
CABLE ONE, IN	NC.				007918				
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 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.									
		CHANN	EL LINE-UP	AH					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007918		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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.							
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	entering the le cast), "E" (for no ese terms, see le ation is outside ce area, see pa ave entered "Yone distant statio ion on a part-tir ion of a distant entered into on a primary trans simulcasts, also aree categories e location of ea Canadian statio	etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an action enter "E". If the see page (v) ch station. For one content is and, given in any, given enter e	etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting that is not a sam that is not some 30, 2009, be association repreyou carried the pof the general in U.S. stations, at the name of the second in th	for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, io d. Indicate by en- ictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If to which the station is licensed by the match 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		
	<u> </u>	<u> </u>			-		
	<u> </u>	<u> </u>					
	<u> </u>	<u> </u>					
	<u> </u>	l		<u> </u>	ļ		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007918		
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.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for ind							
Note: If you are utilizing	ig multiple char	•	•	•	channel line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	•						
	<b>-</b>	<b></b>					

FORM SA3E. PAGE	3.					
	OWNER OF CABLE S	YSTEM:			SYSTEM ID#	Name
CABLE ON	E, INC.				007918	
PRIMARY TRANSM	IITTERS: TELEVISIO	ON				
In General: In spacarried by your ca FCC rules and reg 76.59(d)(2) and (4 substitute Bas basis under specif Do not list the station was car List the station was car List the station hasis. For furth in the paper SA Column 1: List each multicast stream as "W WETA-simulcast). Column 2: Giv its community of li on which your cab Column 3: Indieducational station (for independent in For the meaning of Column 4: If the planation of local significant Column 5: If you cable system carried the distant For the retrans of a written agreer the cable system at tion "E" (exempt). explanation of the Column 6: Giv	ace G, identify every ble system during to pullations in effect on passis, as explained in basis, as explained in the passion of a distant passion of a distant ment entered into on a part-timession of a distant ment entered into and a primary transfor simulcasts, also the location of eather the categories in the location of eather the categories in the location of eather the location of eather the categories in the location of eather entered into and a primary transfor simulcasts, also three categories in the location of eather entered into and a primary transfor simulcasts, also three categories in the location of eather entered into and a primary transfor simulcasts, also three categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered into a categories in the location of eather entered i	y television st he accounting in June 24, 194, or 76.63 (i 4), or 76.63 (i 4), or 76.63 (i respect to any ations, or auth G—but do lis- titute basis. ace I, if the sta- terning substiff sign. Do not r h a station acc streams must beer the FCC h e, WRC is Cha- ne station. whether the stater "N" (for no oncommercial page (v) of the ter "N" (for no oncommercial page (v) of the the local servage (v) of the es" in column on during the ame basis becan multicast stream or before Ju mitter or an a- onenter "E". If , see page (v) ch station. Fo	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: at it in space I (the stion was carried the basis station to the period of	(1) stations carried ecarriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statem of both on a substitute, see page (v) of the program service er-the-air designation of the television statistically of the television statistically of the television statistically of the television of the television statistically of the television statistically of the television statistical of th	stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are ut	ilizing multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		<b> </b>		<b>†</b>	<u> </u>	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		YSTEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				007918	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Passis Subasis under specifc FC • Do not list the station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast).  Column 2: Give the discommendation of local service of column 3: Indicate educational station, by (for independent multice for the meaning of the Column 4: If the steplanation of local service column 5: If you heached system carried the carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	ERS: TELEVISIO G, identify ever system during t ions in effect or 6.61(e)(2) and ( isis, as explaine Stations: With CC rules, regula here in space only on a subs and also in spa formation cond rm. th station's call associated wit echannel numl se. For example ystem carried the in each case w rentering the le cast), "E" (for n ese terms, see ation is outside ce area, see p ave entered "Y the distant static icion of a distant is entered into o a primary trans simulcasts, als iree categories e location of ea	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 acceptance of the station acceptance whether the station. Whether the station. Whether the station. Whether the station. Whether the station acceptance (v) of the the local servage (v) of the local ser	g period, except 81, permitting the referring to 76.6 paragraph. It is a control of the fermion	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on program services the television statification, D.C. This work station, an indefor network multicute of "E-M" (for noncontext of the service of the station of the st	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing	ng multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AL		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007918		
PRIMARY TRANSMITTI	ERS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried only our cable system during the accounting period, except (1) stations carried only 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 indep							
Note: if you are utilizing	ng multiple char		•	<u> </u>	cnannel line-up.		
1. CALL SIGN	2. B'CAST CHANNEL	I	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	IVOIVIBLIX	OTATION		(II Distant)			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007918		
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 a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for indep							
Note: If you are utilizing	ig multiple char	•	•	•	channel line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
				ļ			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007918		
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.661(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational multicast). For the meaning of these terms, see p							
FCC. For Mexican or C	Canadian statio	ns, if any, give	e the name of th	e community with	which the station is identifed.		
Note: If you are utilizin	g multiple char	•	use a separate s		cnannei line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007918	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational nutlicast).  For the meaning of these terms, see pa						
				•		
		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 OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	1C.				007918	- Humo	
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), 76.61(e							
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	or U.S. stations, le the name of the	list the community ne community with	to which the station is licensed by the which the station is identifed.		
Trotor ii you are amizii		• •	EL LINE-UP	<u> </u>	onamio inio up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	ſ	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	1C.				007918	Nume		
PRIMARY TRANSMITTERS: TELEVISION								
PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife 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 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 no								
Column 6: Give the FCC. For Mexican or 0	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.			
Note: If you are utilizing	ig multiple char		·	•	channel line-up.			
		CHANN	EL LINE-UP	AR				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				007918	Nume
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute program base Substitute program base Substitute station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multice For the meaning of the Column 4: If the st planation of local service Column 5: If you heable system carried the carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For	ers: TELEVISIO G, identify every system during the control of the control G.6.1(e)(2) and (control G.6.1(e)(2)	y television standard accounting on June 24, 194, or 76.63 (r di n the next perspect to any ations, or auth G—but do list titute basis. If the standard account of the station account of the station account of the station. If the station account of the station account of the station. If the station account of the station account of the station. If the station account of the station account of the station account of the station. If the local server in column on during the station or before Jumitter or an account of the station or before Jumitter or an account of the station or station or account of the station or station or account of the station or station or station of the station of the station or station or station of the station	g period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the stion was carried tute basis station to the period of the reported in the referring to its own be reported in the repor	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the special Statement of t	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example tion for broadcasting over-the-air in imay be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form is the basis on which your tering "LAC" if your cable system capacity. The paper senting the basis on representing the pasis, enter "O." For a further	G Primary Transmitters: Television
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	od in the paper SA3 form.  If to which the station is licensed by the	
Note: If you are utilizing				•	n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AS		
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>	ļ				

FORM SA3E. PAGE 3.						T	
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007918	Nume	
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), 07.66.61(e)(2) and (4), 07.66.61(e)(2) and (4), 07.66.61(e)(2) and (4), 07.66.61(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 specife 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 "\(^{1}\) (for network), "\(^{1}\).							
Column 6: Give the FCC. For Mexican or 0	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing	ig multiple char		·	•	cnannei iine-up.		
			EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWI	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, I	NC.				007918		
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 — Dut 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 in space — Dut do list it in space I (the Special Statement and Program Log)—if 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 "L							
		CHANN	EL LINE-UP	All			
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.				007918	Nume	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  *List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational jour cable system carried the station.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "No". For an explanation of local service area, see page (v) of th							
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	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	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		

FORM SA3E. PAGE 3.				•				
LEGAL NAME OF OWNER OF CABLE S	YSTEM:		SYSTEM ID#	Name				
CABLE ONE, INC.			007918					
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), 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 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-N" (for network multicast), "I								
planation 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								
Note: If you are utilizing multiple cha		•						
	CHANNEL LII	NE-UP AW						
1. CALL 2. B'CAST SIGN CHANNEL NUMBER		TANT? 5. BASIS OF CARRIAG (If Distant)	E					

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007918 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.  LEGAL NAME OF OWNER OF	CARLE OVO	TEM:					5 PERIOD: 2018/
CABLE ONE, INC.	CABLE SYST	I EIVI:				8YSTEM ID# 007918	Nama
						007310	
In General: In space I, ident substitute basis during the ac	ify every nor	nnetwork televis eriod, under spe	sion program broadcast by a	distant station	ations, or authorizations.	For a further	I
explanation of the programm				e general instr	uctions located in the pa	per SA3 form.	Substitute
1. SPECIAL STATEMENT	_						Carriage: Special
<ul> <li>During the accounting per broadcast by a distant state</li> </ul>		ır cable system	ı carry, on a substitute bası	s, any nonne	work television program	n <b>⊠No</b>	Statement and
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mι	ist complete the progra	m	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every no distant state gulations, oution. Do no Lucy" or "NE m was broad addeast stationation and day we "5/7." es when the Example: a er "R" if the and regulation or gramming	am on a separa attach addition innetwork televion and that your authorization of use general of BA Basketball: dcast live, entestation broadca on's location (thous, if any, the when your system of a program carrillisted program ons in effect du	al pages. ision program (substitute pour cable system substitute so See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ed by a system from 6:01:  was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is lice station is idenorogram. Use cable system. 15 p.m. to 6:2 mming that ye; enter the let	during the accounting ramming of another stans located in the paper List specific program need by the FCC or, in tified). numerals, with the module that the times accurate 8:30 p.m. should be our system was require ter "P" if the listed pro	nth ely	
					N SUBSTITUTE	7. REASON	-
	SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S		5. MONTH	AGE OCCURRED  6. TIMES	FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	DELETION	
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ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007918

## 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 "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- 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 O				
O/ LEE OIGIV	DATE FROM		S TO		OALL GIGIN	DATE	DATE FROM		S TO		
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		_						_			
								_			
		<u> </u>									
								_			

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:  BLE ONE, INC.		SYSTEM ID# 007918	Name					
all a (as pag	OSS RECEIPTS  cructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's seccidentified in space E) during the accounting period. For a further explanation of how to ce (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ondary trans ompute this	smission service s amount, see 923,842.00	K Gross Receipts					
COPY Instru • Con • Con • If you fee • If you	IMPORTANT: You must complete a statement in space P concerning 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.								
bloc ► If pa 3 be ► If pa	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be isk 3 below.  For the DSE schedule was completed, the amount from line 7 of block C should be selow.  For part 9, block B, of the DSE schedule was completed, the surcharge amount sho	entered on I	line 2 in block						
	2 in block 4 below.  MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at								
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 peri X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and continued the property of the property	nn 4, you m od?	nust 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	_\$	2,457.42						
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00						
	Line 3. Add lines 1 and 2 and enter here	\$	2,457.42						
Block 4	<ul> <li>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</li> <li>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 zero.</li> <li>Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9</li> </ul>	\$	9,829.68	Cable systems submitting additional deposits under Section 111(d)(7)					
	(Interest Worksheet)	\$	725.00	should contact the Licensing additional fees. Division for the appropriate					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ See page (i	<b>10,554.68</b>	form for submitting the additional fees.					
	general instructions located in the paper SA3 form for more information.)								

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918								
<b>M</b> 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) 602-364-6013								
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) I am the owner of the cable system as identified in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.								
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>								
	X /s/ Raymond Storck								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (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 law

LEGAL NAME OF OWNER OF CABLE SYSTEM:  OARL 5 ON 5 IN 0	Name						
CABLE ONE, INC. 007918							
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.							
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							
xdays							
Line 3 Multiply line 2 by the number of days late and enter the sum here							
x 0.00274							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)							
(interest charge)							
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 convol							
First community served Accounting period							
ID number							

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

**ACCOUNTING PERIOD: 2018/2** 

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

#### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that be all the control of the control of the control of the BOT.	

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

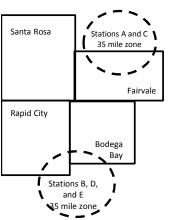
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### **EXAMPLE**:

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

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



	Distant Stations Carried		Identification	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

	ψ0,00 m00							
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  00791											
1												
	SUM OF DSEs OF CATEGORY "O" STATIONS:											
	Add the DSEs of each station	0.25										
	Enter the sum here and in line											
•	Instructions:											
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5											
Computation	of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
of DSEs for	mercial educational station, give the DSE as ".25."											
Category "O"	CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	KETA-DT1	0.250										
Add rows as												
necessary.												
Remember to copy												
all formula into new												
rows.												
		<u></u>										
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Name	CABLE ONE, INC.  SYSTE  00										
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).  Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.										
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs										
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3. NI JRS O ED BY S	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	Ε			
						x					
						x					
			÷			x x	······				
						x					
			÷	=		x	=				
			÷ ÷			x x	<u>=</u>				
	Add the DSEs of e	F CATEGORY LAC Seach station. here and in line 2 of particular.		e,		0.00					
Computation of DSEs for Substitute-Basis Stations	<ul> <li>Instructions:</li> <li>Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:</li> <li>Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and</li> <li>Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).</li> <li>Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.</li> <li>Column 3: Enter the number of days in the calendar year: 365, except in a leap year.</li> <li>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).</li> </ul>										
		SUI	BSTITUTE-BAS	IS STATIONS	S: COMPUTA	ATION OF DSEs	1				
	SIGN	. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE			
		÷		=		÷		=			
		÷				÷					
		· · · · · · · · · · · · · · · · · · ·				·		=			
		÷		=		÷		=			
	Add the DSEs of e	SUBSTITUTE-BASI sach station. here and in line 3 of page		9,		0.00					
<b>5</b> Total Number of DSEs	number of DSEs ap  1. Number of DS  2. Number of DS	OF DSEs: Give the amplicable to your system SEs from part 2 ● SEs from part 3 ● SEs from part 4 ●		in parts 2, 3, and	4 of this schedule	e and add them to provide	0.25 0.00 0.00				
	TOTAL NUMBER C	DF DSEs						0.25			

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

CABLE ONE, I		SYSTEM:					S	YSTEM ID# 007918	Name	
								007910		
Instructions: Block A:									C	
<ul> <li>If your answer if schedule.</li> </ul>	"Yes," leave the re	emainder of p	oart 6 and part	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6	
If your answer if	"No," complete ble			TELEVISION M	ARKETS				Computation of	
Is the cable syster	m located wholly o					ection 76.5 of	FCC rules and re	gulations in	3.75 Fee	
effect on June 24,		sobodulo [		DI ETE TUE DEM	AINIDED OF I					
<del></del>	olete blocks B and		DO NOT COM	PLETE THE REMA	AINDER OF F	PART GAND I				
<u> </u>				UA OF OF DEDI	MITTED DO	NE -				
Column 1:	List the call signs			NAGE OF PERI			tem was nermitte	d to carry		
CALL SIGN under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)										
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station  (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 76.61(b)(c)]										
0, 11 11 11 10 1	B Specialty stati C Noncommeric	cal educational data education (76.	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)				
	E Carried pursu *F A station pre G Commercial U	ant to individe eviously carrie JHF station w	ual waiver of Fed on a part-tir	ne or substitute ba contour, [76.59(d)(	•		erring to 76.61(e)	(5)		
	M Retransmission	on of a distar	t multicast stre	eam.						
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of		
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE		
SIGN	BASIS		SIGN	BASIS	0. 202	SIGN	BASIS	0. 502		
KETA-DT1	С	0.25								
								0.25		
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE					
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			_	0.25		
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove				0.25		
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00		
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)					275	Do any of the DSEs represent	
Line 5: Multiply I	ine 4 hv 0 0375	and enter o	ım here				x 0.03	010	partially permited/ partially	
renie o. munipiy l	me <del>-</del> by 0.03/5	and enter St	AIII IICIC				X		partially nonpermitted carriage?	
Line 6: Enter tota	al number of DS	Es from line	3					<u>-</u>	If yes, see part 9 instructions.	
Line 7: Multiply I	ine 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918										
			ED)	(CONTINU	ION MARKETS	A: TELEVIS	BLOCK				
6	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN		
Computation 3.75 Fee											
										••••	
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	<b></b>										
										•••	
	<u> </u>									•••	
										- "	

Name	CABLE ONE, IN		SYSTEM:						S	YSTEM ID# 007918			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections												
		PERMITTI	ED DSE FOR STA	TIONS CARRIE	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS					
	1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE DSE												
									••••••				
7 Computation of the		"Yes," comple	ete blocks B and C ocks B and C blan	k and complete		rt 8 of the DSE schedu							
Syndicated Exclusivity			BLOCI	K A: MAJOR	IE	ELEVISION MARK	<u>EI</u>						
Surcharge	Is any portion of the or	cable system w	rithin a top 100 majo	or television mar	ket	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?			
	Yes—Complete	blocks B and	C .			X No—Proceed to	part 8						
	BLOCK B: C	arriage of VHF	Grade B Contour	Stations		BLOCK	C: Compu	ıtation of Exem	pt DSE	3			
	Is any station listed in commercial VHF stati or in part, over the ca	on that places			Ш	Was any station listed nity served by the cab to former FCC rule 76	le system p						
	Yes—List each s  X No—Enter zero a		h its appropriate per part 8.	mitted DSE		Yes—List each st			ate permi	itted DSE			
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN I	DSE			
	37 EZ 37311		07.122.01011				562			302			
		<b> </b>		<u> </u>									
		-	TOTAL DSEs	0.00				TOTAL DS	SEs	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM ID# 007918	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	923,842.00	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.		
35	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		
	OF OTION ASSESSMENT FOR THE EVICION MARKET		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	(	CABLE ONE, INC.	007918
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You mi 6 was 6 • 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 particle checked "Yes," use the total number of DSEs from part 5.  ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  our answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	ow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	rour 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)	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.).	. <u>25</u>
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1).	
		Base Rate Fee	<u></u> 1.

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABI	E ONE, INC.	007918	Name
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts		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 <b></b>	_	Dase Nate Fee
	D. Enter 0.00330 of gross receipts  (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs  (the figure in section 2) and enter here  ▶		
	F. Multiply line D by line E and enter here <b>\$</b>		
	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	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast		
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel G.	line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, s from subscribers located within the station's local service area, from your system's total gross receipts. To take adv		Computation
•	on, you must:	antage of this	of Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to t		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine th and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for e		Exclusivity
Finally	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge 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 pa impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo		Partially Distant
-	cable system is wholly located outside all major television markets, complete block A only.  b Identify a Subscriber Group for Partially Distant Stations		Stations, and for Partially
Step 1	: For each community served, determine the local service area of each wholly distant and each partially distant statio	n you	Permitted Stations
	to that community. : For each wholly distant and each partially distant station you carried, determine which of your subscribers were loca	atod	
outside	e the station's local service area. A subscriber located outside the local service area of a station is distant to that station to the station is distant to the subscriber.)		
	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E		
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.	a cable	
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	m's subscriber	
	n section:		
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all c	of the	
subscr	the can sign for each of the stations in the subscriber group's complement—that is, each station that is distant to an oribers in the group.	i tile	
• lf:	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in	narte 2 3	
and 4	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 blo 6 of this schedule.	ck B,	
• Add t	he 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 insepaper SA3 form.	structions	
Compage.  DSEs	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pr In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	is, the total	

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007918 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.

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007918	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	***************************************		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	·····			-				Base Rate Fee
								Syndicated
		-						Exclusivity
								Surcharge
						 		for
								Partially
								Distant Stations
						<u> </u>		Otations
		_						
Total DSEs			0.00	Total DSEs		ļļ	0.00	
	0							
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····							
	····			-		-	····	
						H		
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
			scriber group	as shown in the boxe	s above.	e e	0.00	
Enter here and in blo	ск 3, line 1,	space L (page 7)				\$	0.00	

LEGAL NAME OF OWI		LE SYSTEM:				S	YSTEM ID# 007918	Name
	BLOCK A: (	COMPUTATION C	F BASE RA	ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	······		0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
		 						and
								Syndicated Exclusivity
	······	<u> </u>	····	1	······			Surcharge
								for
								Partially
								Distant
		<b>-</b>						Stations
••••••	•••••	<b>-</b>	····		•••••	-	····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	OUP		EIGHTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	4		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	d 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 OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007918	Name
Bl		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
		-						Partially
								Distant
						-		Stations
					<u></u>			
					·····			
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
El	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007918	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	RTEENTH	SUBSCRIBER GRO		TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
	<del></del>		<u> </u>					Exclusivity Surcharge
	···		<u></u>					for
		-						Partially
								Distant
			<u> </u>					Stations
								l
	···	<b>-</b>	<u> </u>					l
			<u>-</u>		••••			l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First C	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	1
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
Е	IETEENTH	SUBSCRIBER GRO	IID		SIYTEENTL	I SUBSCRIBER GRO	ID	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	İ
								İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
			<u></u>					l
								l
								l
	<u></u>		<u> </u>					l
			<u></u>					l
			<u></u>					l
			•		••••		••••	l
								l
								l
								l
	···		<del>.  </del>				<u></u>	l
								l
Total DSEs		_	0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	l
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 007918	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU	JP <b>0</b>	TI .		1 SUBSCRIBER GRO	JP <b>0</b>	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and Syndicated
								Exclusivity
								Surcharge
								for
					<u></u>			Partially Distant
								Stations
		-						
					<del></del>			
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GROU	<b>0</b>	COMMUNITY/ AREA		SUBSCRIBER GROU	)P	
COMMONITITY AREA	`			COMMONT IT AIREA				
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 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, IN		E SYSTEM:				S	YSTEM ID# 007918	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER 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
					<del></del>			and Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
				·				
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 Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		I SUBSCRIBER GROU	JP -	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs			0.00	Total DSEs			0.00	
	d Group	¢	0.00		h Group	<u> </u>	0.00	
Gross Receipts Third	a Group	\$	3.00	Gross Receipts Fourt	ιι Οιυαρ	\$	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 blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918								
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP	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	
	<u></u>							and Syndicated	
	<u>-</u>				···			Exclusivity	
								Surcharge	
					<del></del>			for Partially	
								Distant	
								Stations	
	<u></u>								
	<u></u>								
Total DSEs	<u> </u>		0.00	Total DSEs			0.00		
<del></del>			0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00		
	SEVENTH	SUBSCRIBER GROU		III		I SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				-	<del></del>				
	<u></u>				<u></u>				
	<u></u>				···				
	<u> </u>				<del></del>				
	<u> </u>								
					<del></del>				
					···				
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 0	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
		<u> </u> :			- 1	Į:			
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$			

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007918	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0.122 0.0.1	202	57.12 5.5.T	202	07.22 0.01	1202	0/122 0.0.1	302	Base Rate Fee
								and
		<u> </u>						Syndicated
				-				Exclusivity
					<u></u>		····	Surcharge for
	<u></u>	<b>-</b>			<u></u>			Partially
								Distant
	<u> </u>							Stations
	<mark></mark>							
	···							
	··						•••••	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	TY-FIRST	SUBSCRIBER GROU		II		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
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	··	<b></b>			<u></u>			
		<u> </u>						
	<u></u>							
	<u></u>	<b>-</b>			<u></u>			
	<u> </u>							
	··				<u></u>			
Total DSEs			0.00	Total DSEs		II	0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	·				•			
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918								
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	JP		
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	
	<del></del>			-				Exclusivity Surcharge	
								for	
								Partially	
	<u></u>							Distant Stations	
	···-								
Total DSEs			0.00	Total DSEs		11	0.00		
<del></del>			0.00	Gross Receipts Seco	nd Group	\$	0.00		
Gloss Necelpts I list Gloup					О. Сир				
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
THII COMMUNITY/ AREA		SUBSCRIBER GROL	JP <b>0</b>	THI COMMUNITY/ AREA		I SUBSCRIBER GROU	JP <b>0</b>		
COMMUNITY AREA				COMMUNITY AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u></u>								
	<u></u>								
T. / I DOE			0.00	T			0.00		
Total DSEs	0		0.00	Total DSEs			0.00		
Gross Receipts Third	Group	<u>\$</u>	0.00	Gross Receipts Fourt	п	\$	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# 007918	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
THIRTY-	SEVENTH	SUBSCRIBER GRO	JP	THIF	TY-EIGHTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGIV	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
					<u></u>			Surcharge
								for
					<u></u>			Partially Distant
		-			<u></u>			Stations
					<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GRO	JP		FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		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 Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918								
				ATE FEES FOR EAC					
		SUBSCRIBER GRO	UP <b>0</b>	11	FORTY-SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  0				
COMMUNITY/ ARE	Α			COMMUNITY AREA				9 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	
	·····		<u>.</u>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00		
		SUBSCRIBER GRO		iii —		SUBSCRIBER GRO	UP		
COMMUNITY/ ARE	A		0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-	<u> </u>						
			-						
		-							
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			<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 Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$			

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007918	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	TY-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0.122 0.0.1	202	07.122 0.011	332	07.122.01.01.1	302	0/122 0.0.1	302	Base Rate Fee
								and
								Syndicated
				-				Exclusivity
			<u>-</u>		<u></u>			Surcharge for
	<u></u>		······		<u></u>			Partially
								Distant
	<u> </u>							Stations
	<mark></mark>		<mark>.</mark>		<u></u>			
	···		<u>.</u>					
			<b></b>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Bara Bata Far First O			0.00	B B-4- F 0	I O		0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		I SUBSCRIBER GROU	)P	
COMMUNITY AREA				COMMONT 17 AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
	<del></del>		<del> </del>		<u></u>			
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			<u>.</u>		<u></u>			
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	<mark></mark>		<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	th Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE  CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	YSTEM ID# 007918	Name
				TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
		-			<u></u>			Syndicated
								Exclusivity Surcharge
					····			for
								Partially
								Distant
								Stations
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
FIF	TY-FIRST	SUBSCRIBER GRO	UP	FIF.	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			•					
					<u></u>			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	Р				F			
Base Rate Fee Third G	Froup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	e base rat	re fees for each subs		Base Rate Fee Four		\$	0.00	

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918								
				ATE FEES FOR EACH					
COMMUNITY/ AREA		SUBSCRIBER GROU	)P 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP <b>0</b>	9	
CALL CICAL	l DOE	CALL CICAL	DOE	CALL CION	I DOE	T CALL CICAL	DOE	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
	<del></del>							Surcharge	
								for Partially	
				·	···			Distant	
								Stations	
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Total DSEs	•		0.00	Total DSEs	•		0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
F	IFTY-FIFTH	SUBSCRIBER GROU	JP	F	IFTY-SIXTH	I SUBSCRIBER GROU	JP	1	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-			<del></del>			I	
				-	<del></del>			1	
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	<del></del>				<del></del>			1	
					···			1	
								1	
								1	
					<u></u>			1	
								1	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
	. 5.0up	.*		S. 555 Proceipto Pourt	<b></b>	·*			
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# 007918	Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	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
			<u></u>		·····			and Syndicated
			<del></del>	· · · · · · · · · · · · · · · · · · ·				Exclusivity
								Surcharge
								for
								Partially
								Distant
		-	<del></del>					Stations
		H	<del></del>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	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	
		-	<del></del>					
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	<u>.</u>		<mark></mark>					
Total DSEs			0.00	Total DSEs			0.00	
	Crown	<b>.</b>	0.00		uth Crous	¢	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	iiii Gioup	\$	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.	\$		

Name	YSTEM ID# 007918	S				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE CABLE ONE, INC.
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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
Base Rate F								
and Syndicated	····							
Exclusivity								
Surcharge								
for								
Partially								
Distant						-		
Stations	····							
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	/-FOURTH	SIXT	JP	SUBSCRIBER GRO	Y-THIRD	SIXT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	····							
						-		
						-		
	0.00			Total DSEs	0.00			Total DSEs
			0					
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918								
				ATE FEES FOR EAC					
COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA		1 SUBSCRIBER GRO	UP <b>0</b>	9	
041.0101	l poe I	T OALL CLONE		0.414 0.1041	T 505	TI OALL OLON	505	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
								Syndicated	
				-				Exclusivity Surcharge	
					···			for	
								Partially	
								Distant	
		-			<u></u>			Stations	
					<u></u>				
					<u></u>				
Total DSEs			0.00	Total DSEs			0.00		
<del></del>			0.00	Gross Receipts Seco	nd Group	\$	0.00		
Gloss Receipts First Gloup \$ 0.00			0.00	Cross receipts occo	па Огоар	<del>*</del>	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
		SUBSCRIBER GRO		iii .		SUBSCRIBER GRO			
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007918	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
								Partially
	·							Distant Stations
						-		Stations
						-		
			······································			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>B B</b> ( <b>F</b> 5) ( 0			0.00	<b>D D</b> ( <b>D</b> )	1.0		0.00	
Base Rate Fee First G		01100001050 000	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA	I Y-FIRST	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GROU	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>	-			-		
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	···				·····			
						<u>                                     </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th	ne <b>hane "</b> s"	to foos for each sub-	oriber are:	as shown in the have	e abovo			
Enter here and in block			onbor group	ac onown in the boxe	J above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007918	Name	
				TE FEES FOR EAC					
	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
			<mark></mark>					Base Rate Fe	
			···	·				Syndicated	
		-						Exclusivity	
								Surcharge	
								for	
								Partially Distant	
								Stations	
			···	·					
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
·	•								
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SEVEN	TY-FIFTH	SUBSCRIBER GRO	UP	SEV	ENTY-SIXTH	SUBSCRIBER GRO	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-	<mark></mark>		····				
	··		···						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
,	•				r	-			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
<b>tate Fee:</b> Add th	ne <b>base rat</b>			Base Rate Fee Fou		\$	0.00		

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 007918	Name	
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACI		RIBER GROUP I SUBSCRIBER GROU	ID.		
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
ONLE GIGIT	DOL	OALL CICIV	DOL	Office Office	DOL	O'ALL O'GIV	DOL	Base Rate Fee	
								and	
					<u></u>			Syndicated	
					<del></del>			Exclusivity Surcharge	
					<del></del>			for	
								Partially	
								Distant	
					<u></u>			Stations	
					<del></del>			I	
					<del></del>		····	I	
								I	
								I	
			<u> </u>						
Total DSEs			0.00	Total DSEs			0.00	I	
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		
SEVE	NTY-NINTH	SUBSCRIBER GROU	JP		EIGHTIETH	SUBSCRIBER GROU	UP		
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-						I	
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Total DSEs			0.00	Total DSEs	•		0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

	EGAL NAME OF OWNER OF CABLE SYSTEM:  SABLE ONE, INC.  SYSTEM ID#  007918								
				TE FEES FOR EACH					
EIG COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	EIGHT COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	9	
COMMUNITY AREA	······································		U	COMMUNITY/ AREA				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
				-				and Syndicated	
								Exclusivity	
								Surcharge	
								for Partially	
								Distant	
								Stations	
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		
EIG	HTY-THIRD	SUBSCRIBER GROU	JP	EIGHT	Y-FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
					<del> </del>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth	h Group	\$	0.00			
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# 007918	Name	
				ATE FEES FOR EAC					
COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	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	
							<u></u>	for Partially	
			•				····	Distant	
								Stations	
					<u>.</u>				
	····	-		-	····				
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		
		SUBSCRIBER GRO		II		SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	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 Four	th Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$			

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007918	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	ITY-NINTH	SUBSCRIBER GRO		#		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
					<u></u>			Syndicated
	<del></del>				<u></u>			Exclusivity Surcharge
	···	<b>-</b>			<del></del>			for
		-			••••			Partially
								Distant
					<u></u>			Stations
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	···	<b></b>						l
		<b>-</b>			····			l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	İ
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRO	UP	NINE	TY-SECONE	SUBSCRIBER GRO	UP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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					<mark></mark>			l
					<del></del>			l
Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	1
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	l
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

		COMPUTATION OF	D 4 0 E D 4					
	Y-THIRD			TE FEES FOR EACH				
ICCIVIIVIONI I I/ AREA	SUBSCRIBER GROU	IP <b>0</b>	NINETY COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GROU	IP <b>0</b>	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
					<u> </u>	-		Stations
						-		
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Secon		\$	0.00	
NINET COMMUNITY/ AREA	Y-FIFTH	SUBSCRIBER GROU	IP <b>0</b>	NINE COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	1P <b>0</b>	
COMMUNITY AREA				COMMONT I/ AREA				
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 Gr	oun	<b>\$</b>	0.00	Gross Receipts Fourth	Group	<b>\$</b>	0.00	
C.000 Neocipia Tiliid Gi	Jup	<u>*</u>	<u> </u>	Cross Receipts Fourth	Jioup	<u>*</u>	<u> </u>	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007918	Name	
				ATE FEES FOR EACH					
NINETY- COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GROU	JP <b>0</b>	NINE COMMUNITY/ AREA	ΓΥ-EIGHTH	I SUBSCRIBER GROU	JP <b>0</b>	9	
COMMUNITY AREA			U	COMMUNITY AREA			U	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	
	···								
	<u></u>								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
NINE	TY-NINTH	SUBSCRIBER GROU	JP	III	INDREDTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
	<u></u>				<del></del>				
	<u>"</u>								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
Base Rate Fee: Add to Enter here and in bloc			riber group	as shown in the boxes	above.	\$			

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007918	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP	ONE HUNDRI	ED SECOND	SUBSCRIBER GRO	JP	۵
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	···		<del></del>					Syndicated
		-	<del> </del>		•••••			Exclusivity
								Surcharge
	<u></u>		<u> </u>					for
		-						Partially
	<mark></mark>		<u> </u>	-				Distant Stations
		H	<u> </u>	·				Stations
			••••••••••••					
	<u></u>							
	<mark></mark>		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Froup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u> </u>					I
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
	•				•			
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007918	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	<b>9</b> 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
		<del> </del>			···			1
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							<u></u>	1
								İ
Total DSEs			0.00	Total DSEs	·		0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRE	O SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDR	ED EIGHTH	I SUBSCRIBER GROU	JP	İ
COMMUNITY/ ARE	4		0	COMMUNITY/ AREA			0	İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	1
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Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third	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			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007918	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee and
								Syndicated
				-	<u></u>			Exclusivity Surcharge
								for
								Partially Distant
								Stations
								1
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								1
								İ
Total DSEs		!	0.00	Total DSEs		-	0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	İ
								İ
Base Rate Fee First		\$	0.00	Base Rate Fee Secon		\$	0.00	1
ONE HUNDRED COMMUNITY/ AREA		SUBSCRIBER GROU	<u>ЈР</u> <b>0</b>	ONE HUNDRED		I SUBSCRIBER GROU	JP <b>0</b>	İ
								1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
								1
								1
								1
								1
								1
								İ
								1
								1
								1
								1
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	1
Base Rate Fee Third	l 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.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007918	Name
		COMPUTATION OF SUBSCRIBER GROU		II	URTEENTH	RIBER GROUP I SUBSCRIBER GROU	JP	ο
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee and
		-						Syndicated
					<b></b>			Exclusivity Surcharge
								for
								Partially Distant
								Stations
								1
								İ
								1
								İ
Total DSEs	!	!	0.00	Total DSEs		-	0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	İ
								1
Base Rate Fee First		\$	0.00	Base Rate Fee Secon		\$	0.00	İ
ONE HUNDRED COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	ONE HUNDRED S		I SUBSCRIBER GROU	JP <b>0</b>	İ
				COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE COMMON TO THE CO				1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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Total DSEs			0.00	Total DSEs		11	0.00	İ
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.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007918	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU	JP <b>0</b>	II		I SUBSCRIBER GRO	UP <b>0</b>	9
COMMUNITY/ ARE			U	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<del></del>			and Syndicated
		-			····			Exclusivity
								Surcharge
		-						for Partially
					···			Distant
		-						Stations
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		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED	NINTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED T	WENTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
					<del></del>			
		-						
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					<del></del>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	007918	Name
	BLOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		TI .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA	······		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O, ILL GIGIT	BOL	CALL GIGIT	502	GALLE GIGIT	502	O' LEE O'O'T	502	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	and Group	\$	0.00	
ONE HUNDRED TW	ENTY-THIRD	SUBSCRIBER GROUP	)	ONE HUNDRED TWEE	NTY-FOURTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	٠		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			-		····			
			·		·····			
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007918	Name
E	BLOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		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
	····		<mark></mark>					Base Rate Fe
	····		····					Syndicated
••••••		_	<u></u>					Exclusivity
								Surcharge
								for
	····		<mark></mark>					Partially Distant
	····		<u></u>					Stations
		=						
Total DSEs		<u> </u>	0.00	Total DSEs		11	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Cross resolpts rivers	отопр	<u> </u>		areas resorpte ess	ond Group			
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····					
		-						
	<mark></mark>							
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	····		<del></del>					
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007918	Name
E	BLOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	RIBER GROUP		
		SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIT	DOL	O/ LEE OIGIV	DOL	CALL CIGIT	DOL	OALL GIGIT	DOL	Base Rate Fee
								and
		-						Syndicated
	<u></u>				<u> </u>			Exclusivity
	<del></del>				<u></u>			Surcharge for
	····				<u> </u>			Partially
								Distant
		-						Stations
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					······································			I
								I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
								I
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROUP		H	TY-SECONE	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>				<mark></mark>			1
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	<u></u>				<u> </u>			1
	····				<u> </u>			I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
						·		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in blood			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007918	Name
				ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED THIS	RTY-THIRD	SUBSCRIBER GROUP	1	ONE HUNDRED THI	RTY-FOURTH	SUBSCRIBER GROUP	)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	<b>9</b> 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>							
	<b>.</b>							
	<b> </b>		ļ					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gi	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIFTH	SUBSCRIBER GROUP	1	ONE HUNDRED 1	HIRTY-SIXTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>						<del></del>	
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				-	·····			
						-		
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$</u>	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007918	Name
				ATE FEES FOR EACH				
ONE HUNDRED THIRT		SUBSCRIBER GROUP	0	ONE HUNDRED THIS COMMUNITY/ AREA		1 SUBSCRIBER GROUP	0	9
COMMONT IT AIREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<del></del>			-	<u></u>			Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
					<u> </u>			
				·				
					<u> </u>			
							0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii .		SUBSCRIBER GROU	JP -	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u></u>			
	<del></del>			-	<u></u>			
	····				<u></u>			
					<u></u>			
					<u>-</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	า Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	า Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 007918	Name
		COMPUTATION OF SUBSCRIBER GROUP		TE FEES FOR EACH		RIBER GROUP  SUBSCRIBER GROUP		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
	·····				<u></u>			Exclusivity Surcharge
								for
					<u></u>			Partially Distant
								Stations
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii .		SUBSCRIBER GROUP	_	
COMMUNITY/ AREA	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 Third	d Group	\$	0.00	Gross Receipts Fourt	า Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007918	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GROUP		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
					<del></del>			Syndicated Exclusivity
								Surcharge
								for
					<u></u>			Partially Distant
					<del></del>			Stations
					<u></u>			
					<del></del>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GROUP		ii e		H SUBSCRIBER GROUF		
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
		-			<u> </u>			
					<del></del>			
					<u></u>			
					<del></del>	•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007918	Name
				TE FEES FOR EAC				
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	۹		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u>.</u>					and
			<b></b>					Syndicated Exclusivity
			<u>.</u>			<del>                                     </del>	·····	Surcharge
								for
			<u></u>					Partially
	·		<u>.</u>		·····			Distant Stations
						-		Stations
			<b></b>					
			<u>-</u>			-		
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED 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>					
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			<u> </u>					
	·		<u>.</u>			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 007918	Name
				TE FEES FOR EACH				
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU		ONE HUNDRED FIFT	Y-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
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 FIFT	Y-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				-				
		-						
		-						
					-			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007918	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROUP		H		I 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
					<del>.  </del>			Syndicated Exclusivity
								Surcharge
		-						for
					<u></u>			Partially
					<u></u>			Distant Stations
					<u>-</u>	<del> </del>		Otations
					<u></u>			
					<u></u>			
Total DSEs	!	!	0.00	Total DSEs		-!!	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii .	ED SIXTIETH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA	······		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
				-	<del>-</del>	<del>                                     </del>		
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					<u></u>			
					<u> </u>			
			 		<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, IN							007918	
		COMPUTATION O		TE FEES FOR EAC		RIBER GROUP  SUBSCRIBER GRO	IID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ ARE		30B3CRIBER GRO	0	9
								Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
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								Distant
								Stations
		-						
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	
	THIRD	SUBSCRIBER GRO	OUP		FOURTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	:A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····	-			·····			
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	·····							
otal DSEs		Ш	0.00	Total DSEs		11	0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
	a Oroup	*	0.00	O O O O Necceipia i Ot	Group	*	0.00	
ase Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
						-		
			scriber group	as shown in the boxe	es above.			
inter here and in blo						\$	0.00	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918							
				TE FEES FOR EACH				BL
9		SUBSCRIBER GROU	SIXTH			SUBSCRIBER GRO	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							<mark></mark>	
Syndicated Exclusivity					<u></u>		<u> </u>	
Surcharge							<u>-</u>	
for								
Partially							<mark></mark>	
Distant Stations					<b> </b>		<u>-</u>	
Cidions		-			<b></b>			
							<mark></mark>	
	<u></u>				<b></b>		<u>.</u>	
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	0.00	···	!	Total DSEs	0.00	<u>l</u>	<del>-</del>	Total DSEs
	0.00	•	d Oracia		0.00	•		
	0.00	\$	a Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First Gr
	IP	SUBSCRIBER GROU	EIGHTH		UP	SUBSCRIBER GRO	SEVENTH	5
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					<u> </u>		<u></u>	
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	1						<mark></mark>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	<u>s</u>	Group	Total DSEs Gross Receipts Third G

<u> </u>	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918							
				TE FEES FOR EACH				BL
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GRO	NINTH	
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		-						
Surcharge		-					·	
for						-		
Partially								
Distant			ļ				<mark>.</mark>	
Stations		-						
-	<u> </u>		ļ				·	
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•							<u> </u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First Gr
	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	EVENTH	EL
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
					0.00	_		0 Di-t- Third 0
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	eroup	Gross Receipts Third G

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 007918								Name
				TE FEES FOR EACH				
THIF	RTEENTH	SUBSCRIBER GRO				SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fee
		-						and
							·····	Syndicated
	<mark>-</mark>		<del></del>		<del></del>		·····	Exclusivity Surcharge
	·	-	···		<del></del>			for
			···		···			Partially
								Distant
		-						Stations
	<mark>.</mark>				<mark></mark>		<u></u>	
	<mark>.</mark>		<u></u>		<mark></mark>		<u></u>	
	<u>-</u>		<u></u>				<u> </u>	
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FII	TEENTH	SUBSCRIBER GRO	UP	5	SIXTEENTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>							
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		-	<u> </u>					
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	<u> </u>		<u></u>		<del></del>		<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Froup	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918							
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (	BI
9	JP	SUBSCRIBER GROU	HTEENTH	İ		SUBSCRIBER GRO	NTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and						<b></b>		
Syndicated								
Exclusivity Surcharge		-				H	<mark></mark>	
for		-			<u></u>	<b></b>	<u></u>	
Partially	<u></u>				<del>'</del>		···	
Distant		-			1			
Stations								
							<u></u>	
	<mark></mark>		<u> </u>		<u></u>		<u></u>	
					<u> </u>		<u></u>	
						<u>,                                    </u>		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First G
	JP	SUBSCRIBER GROU	VENTIETH	T'	UP	SUBSCRIBER GRO	NTEENTH	NII
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						0.122 0.01		
						I I		
						<u> </u>		
	··· <del>·</del>	<u> </u>						
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C

Name	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 007918							
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (	BI
9	JP	SUBSCRIBER GROU	-SECOND	TWENT		SUBSCRIBER GRO	TY-FIRST	TWEN
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		<u></u>						
Exclusivity		<u> </u>	<u>.</u>					
Surcharge		-						
for								
Partially Distant			<b>.</b>					
Stations	<u> </u>		·				·-	
Otations		+				-		
		H						
		<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	<b>Base Rate Fee</b> First G
	JP	SUBSCRIBER GROU	/-FOURTH	TWENT	UP	SUBSCRIBER GRO	TY-THIRD	TWEN <sup>-</sup>
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		1.1			1		1	
	<mark></mark>				<u> </u>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C

	CABLE ONE, INC. 007918							
	ID			TE FEES FOR EACH				
9	)P 0	SUBSCRIBER GROU	HI XIC-T II	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GROU		TWEN COMMUNITY/ AREA
Computat								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and Syndicate								
Exclusivi		-					····	
Surcharg		-				-	••••	
for						-		
Partially						-		
Distant						-		
Stations	····						····	
	0.00			Total DSEs	0.00			otal 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	ase Rate Fee First G
		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU		
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	TWENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU		
		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE			CALL SIGN	DSE			CALL SIGN
	0 DSE	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs	0 DSE	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Cotal DSEs
	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918								Name
				TE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GRO			THIRTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
	<u></u>					<del> </del>		Exclusivity Surcharge
	······································					-		for
	<u></u>	-						Partially
								Distant
								Stations
	<mark></mark>		<u></u>		<b></b>			
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	<mark></mark>		···		<mark>.</mark>	<del>                                     </del>		
Total DSEs			0.00	Total DSEs	1	Į.	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GRO	UP	İ	Y-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>				<b>-</b>		<u></u>	
Total DSEs			0.00	Total DSEs	1	Ш	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add to Enter here and in block			criber group	as shown in the boxes	above.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918							
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9	JP	SUBSCRIBER GROU	/-FOURTH	THIRTY		SUBSCRIBER GRO	ry-THIRD	THIRT
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							<b></b>	
Surcharge for						-		
Partially		-						
Distant		-						
Stations								
							<u> </u>	
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$\dashv$			<u> </u>					
_	0.00			Total DSEs	0.00			Total DSEs
-	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First Gr
	JP	SUBSCRIBER GROU	RTY-SIXTH	THIF	JP	SUBSCRIBER GRO	TY-FIFTH	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-						
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	<u></u>	-	ļ				·	
		-					<b> </b>	
	2.55							
_	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
-	0.00							

0 Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	UBSCRIBER GROUP			E FEES FOR EACH	DACE DA		-				
Computation  DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant		TH SUBS	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  THIRTY-SEVENTH SUBSCRIBER GROUP  THIRTY-EIGHTH SUBSCRIBER GROUP								
Computation  DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant	0		Y-EIGH I	THIRT		SUBSCRIBER GROU	SEVENTH				
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant				COMMUNITY/ AREA	0			COMMUNITY/ AREA			
and Syndicated Exclusivity Surcharge for Partially Distant	CALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Syndicated Exclusivity Surcharge for Partially Distant											
Exclusivity Surcharge for Partially Distant											
Surcharge for Partially Distant											
for Partially Distant			<u>.</u>								
Partially Distant						-					
Distant											
			<u>.</u>								
Stations			<b></b>		<b>.</b>		<b> </b>				
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0.00	0.00		<b>4</b>	Total DSEs	0.00		!!	Total DSEs			
0.00	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G			
0.00	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G			
	UBSCRIBER GROUP	'H SUBS	FORTIET		JP	SUBSCRIBER GROU	Y-NINTH	THIR			
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
DSE	CALL SIGN DSE	CA	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
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			<b></b>								
0.00	0.00			Total DSEs	0.00			Total DSEs			
0.00		<u> </u>	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G			
		<u>*</u>					M				
0.00	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G			

SECOND SUBSCRIBER GROUP  O Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  Group \$ 0.00			TE FEES FO		EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918							
DSE   CALL SIGN   DSE   Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Stations   Sta	ND SU	FORTY-S	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  FORTY-FIRST SUBSCRIBER GROUP  FORTY-SECOND SUBSCRIBER GROUP									
Computation  DSE   CALL SIGN   DSE   Base Rate Ference   and   Syndicated   Exclusivity   Surcharge   for   Partially   Distant   Stations    Group \$ 0.00    Group \$ 0.00    Group \$ 0.00	COMMUNITY/ AREA 0											
DSE CALL SIGN DSE Base Rate Fed and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  Group \$ 0.00  Group \$ 0.00  FOURTH SUBSCRIBER GROUP  0				0			COMMUNITY/ AREA					
and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  Group \$ 0.00  Group \$ 0.00  Group \$ 0.00			CALL SIG	DSE	CALL SIGN	DSE	CALL SIGN					
Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  Group \$ 0.00  Group \$ 0.00  Group \$ 0.00						-						
Group \$ 0.00  Group \$ 0.00  Group \$ 0.00  Group \$ 0.00	<del>    .</del>											
Surcharge   for   Partially   Distant   Stations												
Partially   Distant   Stations												
Group \$ 0.00  Group \$ 0.00  FOURTH SUBSCRIBER GROUP  0	П"											
Group \$ 0.00  Group \$ 0.00  FOURTH SUBSCRIBER GROUP  0	<u> </u>											
Group \$ 0.00  Group \$ 0.00  FOURTH SUBSCRIBER GROUP  0	<mark>  </mark>											
Group \$ 0.00  Group \$ 0.00  FOURTH SUBSCRIBER GROUP  0						ļ						
Group \$ 0.00  Group \$ 0.00  FOURTH SUBSCRIBER GROUP  0	<del>   </del>											
Group \$ 0.00  Group \$ 0.00  FOURTH SUBSCRIBER GROUP  0	<del>   </del>											
Group \$ 0.00  FOURTH SUBSCRIBER GROUP  0			Total DSEs	0.00		<u> </u>	Total DSEs					
FOURTH SUBSCRIBER GROUP  0	<b>5</b>	s Second (	Gross Rece	0.00	\$	roup	Gross Receipts First G					
FOURTH SUBSCRIBER GROUP  0	Г											
0	\$	<b>e</b> Second (	Base Rate I	0.00	\$	oup	Base Rate Fee First G					
	RTH SU	FORTY-F		JP	SUBSCRIBER GROU	Y-THIRD	FOR <sup>-</sup>					
DSE CALL SIGN DSE	••••••	AREA	COMMUNIT	0			COMMUNITY/ AREA					
			CALL SIG	DSE	CALL SIGN	DSE	CALL SIGN					
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0.00			Total DSEs	0.00			Total DSEs					
	\$	s Fourth G	Gross Rece	0.00	\$	roup	Gross Receipts Third G					
	_											
sroup \$ 0.00	_ _			1	1	roup						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTY-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								
Syndicated								
Exclusivity Surcharge		H						
for							·	
Partially		<u> </u>						
Distant					•			,
Stations						_		
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	0.00	-		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	FORT	UP	SUBSCRIBER GRO	SEVENTH	FORTY-S
	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
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	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	Total DSEs
		CALL SIGN				CALL SIGN		
	0.00	\$		Total DSEs	0.00			Total DSEs

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007918								Name
				TE FEES FOR EAC				
	TY-NINTH	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
		-			<u></u>			and
	···		<del></del>		<del></del>		<u></u>	Syndicated Exclusivity
	<u></u>				···			Surcharge
		-						for
								Partially
	<mark></mark>				<u></u>		<u></u>	Distant
	<u></u>		<u></u>		<del></del>		<u></u>	Stations
	<u>"</u>		<del></del>		<del></del>			
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
<b>Base Rate Fee</b> First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FIF	TY-FIRST	SUBSCRIBER GRO	)UP	FIFT	Y-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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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 Fourt	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
	:F	Γ.	3.30		P	Ļ*		
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 007918	S'				LE SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GRO	TY-THIRD	
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	•	a Group	Gross receipts occor	0.00	<u> </u>	Toup	oross receipts i list o
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	TY-SIXTH	FI	UP	SUBSCRIBER GRO	TY-FIFTH	FIF
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	_	\$	Group			\$	Group	

Name	O07918	S'				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
٥	IP	SUBSCRIBER GROU	Y-EIGHTH	FIFT		SUBSCRIBER GRO	SEVENTH	FIFTY-S
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	SIXTIETH		UP	SUBSCRIBER GRO	TY-NINTH	FIFT
	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

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ss Receipts First Group	р	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
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se Rate Fee First Group	p	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		\$ SUBSCRIBER GRO	-			SUBSCRIBER GRO	•	
			-		ΓΥ-FOURTH		•	
SIXTY-			UP	SIXT	ΓΥ-FOURTH		UP	
SIXTY-	THIRD	SUBSCRIBER GRO	UP <b>0</b>	SIXT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
SIXTY-	THIRD	SUBSCRIBER GRO	UP <b>0</b>	SIXT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
SIXTY-	THIRD	SUBSCRIBER GRO	UP <b>0</b>	SIXT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
SIXTY-	THIRD	SUBSCRIBER GRO	UP <b>0</b>	SIXT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
SIXTY-	THIRD	SUBSCRIBER GRO	UP <b>0</b>	SIXT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
SIXTY-	THIRD	SUBSCRIBER GRO	UP <b>0</b>	SIXT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
SIXTY-	THIRD	SUBSCRIBER GRO	UP <b>0</b>	SIXT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
SIXTY-	THIRD	SUBSCRIBER GRO	UP <b>0</b>	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
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SIXTY- MMUNITY/ AREA  ALL SIGN C	DSE DSE	CALL SIGN	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GRO	DSE O.00	
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Name	YSTEM ID# 007918					.E SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	KTY-SIXTH	İ		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								
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	0.00	•	d Croup	Gross Receipts Secon	0.00	•	roup	Gross Receipts First G
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	SIXT	UP	SUBSCRIBER GRO	SEVENTH	SIXTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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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

Name	YSTEM ID# 007918	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	VENTIETH	SE		SUBSCRIBER GRO	TY-NINTH	SIXT
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	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	-SECOND	SEVENTY	JP	SUBSCRIBER GRO	TY-FIRST	SEVEN
	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

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	ID			TE FEES FOR EACH				
9	JP <b>0</b>	SUBSCRIBER GROU	r-FOURTH	SEVENTY COMMUNITY/ AREA	<u>JP</u> 0	SUBSCRIBER GRO	ITY-THIRD	SEVEN COMMUNITY/ AREA
Computati				COMMONT IT AREA				SOMMONT IT AREA
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	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	ITY-SIXTH	SEVEN	JP	SUBSCRIBER GRO	NTY-FIFTH	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group			\$	Group	
		\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007918	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
	EVENTH	SUBSCRIBER GRO		SEVEN	TY-EIGHTH	SUBSCRIBER GROU	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs	<u> </u>		0.00	Total DSEs		11	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVENT	Y-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
		e fees for each subs	criber group	as shown in the boxes	above.	\$		

Name								
	ID.			TE FEES FOR EACH				
9	<u>0</u>	SUBSCRIBER GROU	-SECOND	COMMUNITY/ AREA	)P 0	SUBSCRIBER GROU	11 1-FIKS1	COMMUNITY/ AREA
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	ross Receipts First G
=	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$		
	0.00	\$ SUBSCRIBER GROU	d Group	EIGHT	JP	\$ SUBSCRIBER GROU		EIGH
	0.00		d Group		<b>'</b>	1		EIGH
	0.00		d Group	EIGHT	JP	1		EIGH
	0.00 JP 0	SUBSCRIBER GROU	d Group 7-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGH OMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group 7-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGH OMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group 7-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGH OMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group 7-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGH OMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group 7-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGH COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group 7-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGH OMMUNITY/ AREA
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	0.00  JP	SUBSCRIBER GROU	d Group  7-FOURTH  DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE O.00	CALL SIGN	DSE DSE	EIGH COMMUNITY/ AREA  CALL SIGN  Cotal DSEs
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	0.00  JP	SUBSCRIBER GROU	d Group  /-FOURTH  DSE  Group	CALL SIGN  CALL SIGN  Total DSEs	DSE O.00	CALL SIGN	DSE DSE DS DS DS DS DS DS DS DS DS DS DS DS DS	EIGH COMMUNITY/ AREA

ABLE ONE, INC.	CABLE SYS	71 E.W.					007918	Name
				TE FEES FOR EACH				
EIGHTY-FIF OMMUNITY/ AREA	TH SUBS	SCRIBER GROU	JP <b>0</b>	EIG COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	9
								Computation
CALL SIGN DSE	E CA	LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Group	\$		0.00	Gross Receipts Seco	nd Group	\$	0.00	
ase Rate Fee First Group	\$		0.00	Base Rate Fee Secon	nd Group	\$	0.00	
EIGHTY-SEVEN	NTH SUBS	CRIBER GROU	JP	EIGH	TY-FIGHTH	SUBSCRIBER GRO	UP	
							0.	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA CALL SIGN DSE	E CA	LL SIGN	<b>O</b> DSE	COMMUNITY/ AREA		CALL SIGN	_	
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CALL SIGN DSE	E CA	ALL SIGN	DSE	CALL SIGN	DSE		DSE	
CALL SIGN DSE		LL SIGN	0.00 0.00	Total DSEs Gross Receipts Fourt	DSE	CALL SIGN	0.00 0.00	
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00	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
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Name	YSTEM ID# 007918	S'				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GRO	TY-THIRD	
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		-						
Surcharge	···-	-					<del>-</del>	
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
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	IP	SUBSCRIBER GROU	TY-SIXTH	NINE	JP	SUBSCRIBER GRO	TY-FIFTH	NINE
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Surcharg for Partially Distant Stations							007918	Name
COMMUNITY/ AREA							LID	
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LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007918	Name
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ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP	1	ONE HUNDRED THIR	TY-EIGHTH	I SUBSCRIBER GROUP		•
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								Exclusivity Surcharge
			···					for
		-						Partially
								Distant
								Stations
			<del></del>					
			<del></del>					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00	
				Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDRE	ED SIXTIETH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA	0			COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<del> </del>					
	·		···					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
		\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
		0.00 Gross Receipts Fourth Group					0.00	

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