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					
08/27/2019	\$ 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	2019/1									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account county of the county of	ss of the cable system on the last day of the counting perion	em the accounting period should s							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	CABLE ONE, INC.									
				02303120191						
				023031 2019/1						
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626									
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of									
System	1 IDENTIFICATION OF CABLE SYSTEM:	<u></u>	g							
	MAILING ADDRESS OF CABLE SYSTEM: 303 N. 4TH ST. (Number, street, rural route, apartment, or suite number) PONCA CITY, OK 74601 (City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b						
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First Community	PONCA CITY	OK								
Community	Below is a sample for reporting communities if you report multiple cha			OUR ORR#						
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A	SUB GRP#						
Sample	Alliance	MD	B	2						
	Gering	MD	В	3						
	g									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
CABLE ONE, INC.			023031						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	_					
PONCA CITY	OK	AA	1	First					
KAY COUNTY	OK	AA	1	Community					
OSAGE	OK	AA	2						
TONKAWA	OK	AA	1						
				See instructions for additional information on alphabetization.					
				Add rows as necessary.					

1	

Name CABLE ONE, INC.

SYSTEM ID#

023031

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2				
	NO. OF			П		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
 Service to first set 	2,558	\$	40.00					
 Service to additional set(s) 								
FM radio (if separate rate)								
Motel, hotel								
Commercial	127	\$	40.00					
Converter								
Residential								
Non-residential								
		1		1 ľ.		1	T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2								
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE		CATEGORY OF SERVICE	F	RATE		
Continuing Services:			Installation: Non-residential						
• Pay cable	\$	17.00	Motel, hotel					\$	44.00
 Pay cable—add'l channel 	\$	9.00	Commercial						
Fire protection			Pay cable			ſ			
Burglar protection			Pay cable-add'l channel						••••••
Installation: Residential			Fire protection						
First set	\$	90.00	Burglar protection			ĺ			
 Additional set(s) 	\$	60.00	Other services:			ĺ			
• FM radio (if separate rate)			Reconnect	\$	60.00	ĺ			
Converter			Disconnect			ĺ			
			Outlet relocation	\$	60.00	ı			
			 Move to new address 	\$	60.00	ı			
						İ		••••••	

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

FORM SA3E. PAGE 3.						T
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	1C.				023031	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If your cable system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	G, identify even by stem during the cons in effect on a 6.61(e)(2) and (6.61(e)(2) and (6.61(e	y television standard y television y te	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried that the station was carried that the station was carried that the station was carried to the period of the station was assigned to the station is a network etwork), "N-M" (I educational), one general instruction of the station was assigned to the station with the station was assigned to the station was assigned to the station was assigned to the station with the station was assigned to the station was assi	(1) stations carried to carriage of certar (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on program services the television statistington, D.C. This work station, an indefor network multicure. "E-M" (for noncontrollocated in the special state of the service of the state of the s	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizing			EL LINE-UP	·		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	1C.				023031			
PRIMARY TRANSMITTE	ERS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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	AC				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	I	1	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	IC.				023031			
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
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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			

LEGAL NAME OF OWNER OF CABLE ONE, INC.								
	CABLE SYS	STEM:			SYSTEM ID#	Name		
CABLE ONE, INC.					023031			
PRIMARY TRANSMITTERS: T	ELEVISION	N						
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Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
		•	use a separate	space G for each				
SIGN CH	· 	CHANN	EL LINE-UP	space G for each				
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
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SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			
SIGN CH	CAST 3	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	AE 5. BASIS OF CARRIAGE	channel line-up.			

FORM SA3E. PAGE 3.						_	
LEGAL NAME OF OWN		'STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				023031		
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.16(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), "I-M" (for independent), "I-M" (for independent), "E" (for noncommercial educational), or "E-M"							
Note: If you are utilizing	g multiple char	nel line-ups,	use a separate	space G for each	channel line-up.		
		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		/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				023031	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Substitute Pasis Substitute Basis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you heable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	G, identify even- system during to ions in effect on 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regula in here in space only on a subs and also in spa information concorn. ch station's call associated with A-2". Simulcast e channel numb ise. For example system carried the in each case w	y television standard accounting in June 24, 194, or 76.63 (rd in the next) respect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (v)	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: It it in space I (the 181 tinn was carried the 181 tinn was carried the 181 tinn was carried to 181 tinn was station to 181 tinn was assigned to 181 tinn wa	(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 for "E-M" (for noncontrolled in the special state of the television statification, D.C. This work station, an indefor network multicute "E-M" (for noncontrolled in the special state), enter "Yes ions located in the special state of the	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
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	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				023031	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Pasis Substitute Pasis Substitute Pasis Substitute Pasis Pasis Substitute Pasis Pas	G, identify even system during the consistency of t	y television standard page (v) of the local servage (v) of the local se	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation is a network of the stational, on the stational of the stational of the stational stational of the stational o	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on a program service: er-the-air designate column 1 (list each the television statifington, D.C. This light of the station, an indefor network multicur "E-M" (for noncontions located in the station of the station	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
,	· .	CHANN	EL LINE-UP	ЛЦ	·	
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	
					 	

CABLE ONE, INC.								
CARLE ONE INC	E SYSTEM:			SYSTEM ID#	Name			
CABLE ONE, INC.				023031				
PRIMARY TRANSMITTERS: TELE	ISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.								
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), 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	IEL LINE-UP	Al	cnannei iine-up.				
1. CALL 2. B'CAS' SIGN CHANN NUMBE	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				
SIGN CHANN	3. TYPE IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 				

FORM SA3E. PAGE 3.						1	
LEGAL NAME OF OWN		'STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				023031		
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute 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 associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for inde							
Note: If you are utilizin	g multiple char	ınel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AJ			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				023031	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens	system during the consistence of	he accounting In June 24, 1984	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried tute basis station report origination cording to its own be reported in common assigned to the	(1) stations carried as carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services arthe-air designal column 1 (list each the television statistics are carried as the television statistics.	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute 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 on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
On which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is 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	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE	3.					
	OWNER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE	, INC.				023031	
PRIMARY TRANSMI	TTERS: TELEVISIO	ON				
carried by your cab FCC rules and regu 76.59(d)(2) and (4) substitute program Substitute Basi basis under specifo • Do not list the star station was carri • List the station he basis. For furthe in the paper SA: Column 1: List each multicast stree cast stream as "WE WETA-simulcast).	le system during ti ulations in effect or, 76.61(e)(2) and (basis, as explaine is Stations : With it FCC rules, regula- tion here in space ied only on a subsi re, and also in spa- re, and also in spa- re information cond- 3 form. each station's call am associated with ETA-2". Simulcast	he accounting In June 24, 1984, or 76.63 (red in the next prespect to any attions, or auth G—but do list titute basis. ace I, if the stateming substite sign. Do not red a station acception of the statement of t	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its ov-	(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	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in	G Primary Transmitters: Television
on which your cable Column 3: Indice ducational station, (for independent meaning of Column 4: If the planation of local sec Column 5: If you cable system carried carried the distant of a written agreem the cable system at tion "E" (exempt). F explanation of these Column 6: Give	e system carried the cate in each case way, by entering the leulticast), "E" (for not these terms, see e station is outside ervice area, see pau have entered "Year the distant station on a part-time in the set on a part-time in the set of a distant the set of a	ne station. whether the stater "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the complete street or before Jumitter or an act of enter "E". If , see page (v) ch station.	ation is a netwo etwork), "N-M" (I educational), o e general instruc- rice area, (i.e. "c general instruct 4, you must cor- accounting perio accounting perio	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 entictivated channel of subject to a royalty stween a cable systematic thannel 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 dering "LAC" if your cable system	
Note: If you are util	lizing 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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				023031	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	G, identify even- system during to ions in effect on 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regula in here in space only on a subs and also in spa information cond orm. ch station's call associated with A-2". Simulcast e channel numb ise. For example system carried the in each case w	y television standard and the accounting of June 24, 194, or 76.63 (in did in the next prespect to any ations, or auth G—but do listitute basis. In the standard area of the station acceptance of the station acceptance of the station acceptance of the station. In the station acceptance of the station acceptance of the station. In the station acceptance of the station of the station of the local service of the station of the station of the station of the station of the station of the station of the station. In the station of the station of the station of the station. For the station of the station of the station of the station of the station. For one, if any, giving the station of the stat	period, except period, except period, except period, except per period, except per period, per per per per per per per per per per	(1) stations carried carriage of cert 1(e)(2) and (4))]; is carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designate column 1 (list each the television statington, D.C. This lork station, an indefor network multion "E-M" (for noncetions located in the distant"), enter "You in the column 5, and Indicate by enactivated channel subject to a royalty exeen a cable sy esenting the primal channel on any of instructions located list the community with the communit	es". If not, enter "No". For an exee paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	G Primary Transmitters: Television
Trotor ii you aro amiii	ig manipio ona		·	•	remainer into 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	
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	NC.				023031	Name		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 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								
on which your cable sy Column 3: Indicate educational station, by	stem carried the in each case we entering the le	ne station. whether the st etter "N" (for no	ation is a netwo	ork station, an inde for network multic	may be different from the channel ependent station, or a noncommercial ast), "I" (for independent), "I-M"			
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of the the local serv	e general instruction (i.e. "c	ctions located in the distant"), enter "Ye	es". If not, enter "No". For an ex-			
planation of local servi Column 5: If you have								
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.								
	Canadian statio	ns, if any, give	e the name of th	ne community with	which the station is licensed by the which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AN				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
				•				
				•				
				•				
				•				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWI	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, I	NC.				023031	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space carried by your cable: FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specific Fe Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify even system during the tions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(y television standard page (v) of the local servage (v) of the local se	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation is a network of the stational, on the stational of the stational of the stational of the stational of the special in the stational of the special in the stational of the special in the stational of the special in the stational of the special in the stational of the special in the stational of the special in the stations, the stations, the stations, the stations, the stations, the stations, the stations is a station of the special in the stations, the stations, the stations, the stations is a station of the stations of the s	(1) stations carried to carriage of certail (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on a program services the television statification, D.C. This limit that the station, an indefor network multicute the station, and indeformetwork multicute the station of the sta	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. To payment because it is the subject stem or an association representing the remainder of the remai	G Primary Transmitters: Television
		CHANN	EL LINE-UP	۸٥		
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	1C.				023031	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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								
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 with which the station is identifed. Note: If you are utilizing multiple channel								
		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			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				023031	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine effect or a consistency or a consi	ne accounting In June 24, 198 4), or 76.63 (r d in the next prespect to any utions, or auth G—but do list titute basis. Ince I, if the sta erning substit sign. Do not r in a station acc streams must 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) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the sute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example ion for broadcasting over-the-air in	Primary Transmitters: Television
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station 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, gi						
		CHANN	EL LINE-UP	AQ		
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 OWNE	ER OF CABLE SY	'STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	C.				023031			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast),								
For 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		• •	EL LINE-UP	•				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
		277.11014		(21000111)				

FORM SA3E. PAGE 3.						T
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				023031	
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
In General: In space carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute Basis s basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you cable system carried t carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) y television state he accounting in June 24, 194, or 76.63 (red in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state erning substitions in a station account of the station account of the station. Whether the station. Whether the station. Whether the station account of the local servers in column on during the same basis becard multicast stream or before Jumitter or an associated of the station. Foons, if any, given and the station.	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried that the station was carried that the station was carried to the period of the period of the station is a network as assigned to the station is a network work as assigned to the station is a network work as assigned to the station is a network work area, (i.e. "to general instruction area, (i.e. "to general instruction area, (i.e. "to general instruction area, (i.e. "to general instruction area of lack of a station is and the station of the general in the station of the general in the station, the stations, is the name of the permitting the stations, the the name of the stations of the stations where the stations, is the name of the stations.	(1) stations carried to carriage of certail (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 "E-M" (for noncontext of the service of the station), enter "Yestons located in the station of the service of	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	G Primary Transmitters: Television	
	<u> </u>	CHANN	EL LINE-UP	AC		
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	

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 75.59(0/2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.51(e)(2) and (4)); and (2) certain stations carried on a substitute page mabsis, and explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific PCC rules, regulations, or authorizations: • Do not 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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream and program services such as HBO, ESPN, etc. Identify each multicast). "If (for network numbicast), "If (for network numbicast), "If (for network numbicast)," (for network numbicast), "If (for network numbicast)," (for network numbicast), "If (for network numbicast)," (for network numbicast), "If (for network numbicast)," (for network numbicast)," (for	FORM SA3E. PAGE 3.										
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(0)(2) and (4), 76.51(e)(2) and											
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 PCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(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, and also in space I, if the station was carried both on a substitute basis and also on some other 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 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational program services are a 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 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 viritlen a	CABLE ONE, INC.										
FCC rules and regulations in effect on June 24, 1981, permitting the carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: 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 and also on some other basis. For further information concerning substitute basis stations, see page (y) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams associated with a station according to its over-the-air designation. For example, report multicast streams as "WETA-2". Simulcast streams must be reported in column 1 (sits each stream separately; for example WETA-simulcast). Column 2: List each station of the station. Column 3: Indicate in each case whether the station is a network station, or a 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, (e. "distant"), enter "Yes" in oclumn 5: If you have entered "Yes" in column 4: you must complete column 5: Stating the basis on which you	PRIMARY TRANSMITTERS: TELEVISION										
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE	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 76.63 (refering to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for inde										
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE	Note: If you are utilizing multip										
SIGN CHANNEL OF (Yes or No) CARRIAGE											
	SIGN CHA										

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name				
CABLE ONE, IN	NC.				023031					
PRIMARY TRANSMITTERS: TELEVISION										
Remark 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), 07.6.03 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.										
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, givennel line-ups,	of the general in the stations, the the name of the the the the the the the the the the	instructions locate list the community ne community with space G for each	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.					
				-						
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION					
CICIT	NUMBER	STATION	(103 01 110)	(If Distant)						
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FORM SA3E. PAGE 3.						T			
LEGAL NAME OF OW	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name			
CABLE ONE, I	NC.				023031	Hamo			
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 Basis Stations: with respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-N" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational) or "E-M"									
Note: If you are utilizi	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.				
		CHANN	EL LINE-UP	AV					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.						1				
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name				
CABLE ONE, IN	IC.				023031					
PRIMARY TRANSMITTERS: TELEVISION										
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for independent multicast), "F" (for noncommercial educationa										
Note: If you are utilizing	g multiple char			·	cnannei line-up.					
		CHANN	EL LINE-UP	AW						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
				•						
				•		1				
]				

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

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

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2019/1	
CABLE ONE, INC.	CABLE SYST	EM:			,	023031	Name	
SUBSTITUTE CARRIAGE In General: In space I, ident					n that your cable system	carried on a	ı	
substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or authorizations.	For a further	Substitute Carriage:	
 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 								
Note: If your answer is "No		rest of this pag	ge blank. If your answer is	'Yes," you mu			Program Log	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ice, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE in was broad sign of the s adcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach additional anetwork televition and that your authorizational truse general of the secondary of the seco	al pages. ision program (substitute pur cable system substitute s. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is licenstation is idenorogram. Use cable system. 15 p.m. to 6:2 mming that yet; enter the letters	during the accounting ramming of another starns located in the paper List specific program nsed by the FCC or, in tiffied). numerals, with the mor List the times accurate 8:30 p.m. should be our system was require ter "P" if the listed pro	ition hth ly		
	el IBSTITI IT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON	1	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	1	
					_		1	
					<u> </u>		ı	
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name Legal name of owner of cable system:

CABLE ONE, INC.

SYSTEM ID#

023031

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

		DAT	ΓES	AND HOURS	OF F	PART-TIME CAF	RRIAGE			
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN CARRIAGE OCCURRED				
OALL GIGIT	DATE	FROM	OUR	S TO		O/ LEE O/O/Y	DATE	FROM	IOUR	S TO
			_						_	
			_						_	
			_						_	
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						<u> </u>		<u> </u>		

LEGA	L NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC.		SYSTEM ID# 023031	Name					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)									
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. • If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of									
bloc ► If pa 3 be ► If pa	k 3 below. rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line 2	in block						
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.								
Block 2	Block DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in								
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	\$	3,232.87						
	schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here	\$	3,232.87						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$	7,745.70 0.00 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact					
		<u>\$</u>	725.00 8.470.70	the Licensing additional fees. Division for the appropriate form for submitting the					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here								

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CABLE ONE, INC.	023031							
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
	1. Enter the total number of channels on which the cable system carried television broadcast stations								
	Enter the total number of activated channels on which the cable system carried television broadcast stations								
	and nonbroadcast services								
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
for Further	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 identifed 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.	·m							
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
	/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 th "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	ıe							
	Typed or printed name: RAYMOND STORCK								
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)								
	Date: August 28, 2019								

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

U.S. Copyright Office

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

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

ACCOUNTING PERIOD: 2019/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		40,0000			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

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

ACCOUNTING PERIOD: 2019/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)						
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SUM OF DSEs OF CATEGORY "O" STATIONS: STATIONS: SYSTEM ID# 023031						
I							
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.						
					12.00		
_	Instructions:	Instructions:					
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5						
	of space G (page 3).						
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."						
Category "O"	CATEGORY "O" STATIONS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
- Cumono	KAUT	1.000	07.122.01.01.1	202	0.1220.011		
	KFOR	0.250					
	KOCB	1.000					
	KOCO	0.250				l	
	KOKH	1 000				l	
Add rows as	KOKH-2	1.000 1.000					
necessary.	KOPX	1.000					
Remember to copy	KSBI	1.000					
all formula into new	KTBO	1.000				<u> </u>	
rows.	KTUZ	1.000				<u> </u>	
	KWTV	0.250				<u> </u>	
	KWTV-2	0.250				<u> </u>	
	KOCB-2	1.000				 	
	KOCB-2	1.000					
	KUOK-CD	1.000				<u> </u>	
						<u> </u>	
						<u> </u>	
							
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I	l	Ll		ll		l	

Name	CABLE ONE	WNER OF CABLE SYSTEM:						S	YSTEM ID# 023031
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	at the call sign of all distate: For each station, give to correspond with the information: For each station, give to it is Divide the figure in colulat least to the third decires for each independent.	the number of hours mation given in space the total number of humn 2 by the figure is mal point. This is the station, give the "typolumn 4 by the figure	your cable systemed. Calculate on cours that the station column 3, and general basis of carriage e-value as "1.0."	n carried the sta ly one DSE for e on broadcast ov jive the result in e value" for the s For each networ give the result in	tion during the seach station. er the air during decimals in colutation. rk or noncomment column 6. Rol	g the accounting umn 4. This figu ercial education und to no less th	period. re must al station,	
Capacity		C	CATEGORY LAC	STATIONS:	COMPUTATI	ON OF DSE	S		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R 3. NI JRS 0 ED BY S	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE	: [5. TYPE VALUE	6. DSI	E
			÷			X			
			÷			x			
			÷	=		x		=	
			÷						
			÷ ÷	_					
			÷			х		=	
	Add the DSEs	OF CATEGORY LAC Sof each station. m here and in line 2 of p		e,	▶		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferonding to space I). Column 2: If at your option. Column 3: If Column 4: If Column 4: If Column 5: If Column 5: If Column 6: If It It It It It It It It It It It It It	e the call sign of each straight of your system in substrain of the condition of the condit	itution for a program (as shown by the lett ork programs during number of live, non spond with the informs in the calendar yearn 2 by the figure in	that your system er "P" in column in that optional carri metwork programmation in space I. r: 365, except in column 3, and give	was permitted to for space I); and age (as shown by as carried in substance the result in control of the control of the space the result in control of the space the s	o delete under if the word "Yes" it titution for progolumn 4. Round	FCC rules and r n column 2 of rams that were of to no less than	deleted the third	m).
		SU	BSTITUTE-BAS	IS STATIONS	1	TION OF D	SEs	T	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMB OF PROG		NUMBER OF DAYS IN YEAR	4. DSE
		÷	-	=			÷ ÷	:	=
		+		=			÷	:	=
			-	=			÷	:	=
		÷	-	= =			÷ ÷	:	= =
	Add the DSEs	OF SUBSTITUTE-BAS of each station. m here and in line 3 of p		2,	▶		0.00		
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the ame applicable to your system DSEs from part 2 • DSEs from part 3 • DSEs from part 4 •		in parts 2, 3, and	4 of this schedule	e and add them	12.0 0.0 0.0	00	
	TOTAL NUMBE	R OF DSEs					<u> </u>		12.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/1

CABLE ONE,	OWNER OF CABLE	SYSTEM:					S	YSTEM ID# 023031	Name	
	ck A must be com	nleted								
In block A:			oort 6 and nort	7 of the DSE cohe	odulo blank o	nd complete	part 8, (page 16) of	f tho	6	
schedule.			•	7 OF THE DOE SCH	edule blatik a	na complete	part o, (page 10) or	uie		
• If your answer if	"No," complete blo			TELEVISION M	ARKETS				Computation of	
						section 76.5 o	f FCC rules and re	gulations in	3.75 Fee	
effect on June 24 Yes—Con	, 1981? nplete part 8 of the	schedule—l	OO NOT COM	PLETE THE REM	AINDER OF I	PART 6 AND	7			
	plete blocks B and									
		BI O	CK B: CARR	IAGE OF PERI	MITTED DS	SEs				
Column 1:	List the call signs						stem was permitte	d to carry	-	
CALL SIGN	under FCC rules	and regulatine DSE Sche	ons prior to Juedule. (Note: T	ne 25, 1981. For for the letter M below r	urther explana	ation of perm	itted stations, see t ast stream as set fo	he		
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to CARRIAGE 76.61(b)(c)]										
B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d) D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).										
E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 198′ G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5) M Retransmission of a distant multicast stream.										
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet on pag	e 14 of		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		
								0.00		
		E	SLOCK C: CC	MPUTATION OF	F 3.75 FEE				-	
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule						
Line 2: Enter the	e sum of permitte	ed DSEs fro	m block B ab	ove						
	line 2 from line 1 leave lines 4–7 b			,		rate.				
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)						Do any of the DSEs represent	
Line 5: Multiply	line 4 by 0.0375	and enter o	um here				<u> </u>	3/5	partially permited/	
Line J. Munipiy	шк + Бу 0.03/5	anu enter S	uiii iicie				х		partially nonpermitted carriage?	
Line 6: Enter tot	al number of DS	Es from line	3						If yes, see part 9 instructions.	
Line 7: Multiply	line 6 by line 5 aı	nd enter he	re and on line	2, block 3, spac	e L (page 7))		0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023031 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE SIGN BASIS SIGN BASIS SIGN BASIS Computation of 3.75 Fee

Name	CABLE ONE, IN		YSTEM:						S	48TEM ID# 023031		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections											
		PERMITTED	DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS				
									6. P			
	SIGN	DSE	PE	ERIOD		CARRIAGE	С	SE		DSE	4	
											••	
											••	
											•	
7 Computation of the	Instructions: Block A In block A: If your answer is	"Yes," complete	blocks B and C,		na	art 8 of the DSE schedu	ıle					
Syndicated	ii your ariswer is	140, ICAVC DIOO		•	•	ELEVISION MARKI					_	
Exclusivity			<u> </u>	(71.14), 10011	<u> </u>		_ '				_	
Surcharge	• Is any portion of the c	•		or television mar	ket	as defned by section 7 No—Proceed to		ules in effect J	une 24,	1981?		
	BLOCK B: Ca	arriage of VHF/G	Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	not DSEs	1		
	Is any station listed in commercial VHF station in part, over the cal	n block B of part 6 ion that places a	6 the primary stre	eam of a		Was any station listed nity served by the cab to former FCC rule 76.	in block B	of part 7 carrie	d in any	commu-		
	Yes—List each st		ts appropriate pern rt 8.	mitted DSE		Yes—List each sta X No—Enter zero ar			ate permi	tted DSE		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE		
		 						••••••				
							<u> </u>					
		ļ										
		 										
		<u> </u>	TOTAL DSEs	0.00				TOTAL DS	SEs	0.00		
	I .				- 11							

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 023031	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	727,979.00	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.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the 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		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section			
3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	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			YSTEM ID#							
	(CABLE ONE, INC.	023031							
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. Extions:								
Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below its a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers potated 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.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
	_	X Yes—Complete part 9 of this schedule. No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$								
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).								
		Base Rate Fee	0.00							

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
CABL	E ONE, INC.	023031	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4			8
	A. Enter 0.01064 of gross receipts (the amount in section 1) **State		
		_	
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
			Base Rate Fee
		_	
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ ▶		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee \$\ \bigs\ \\$	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	et cianale chall	
instead	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe		9
Space In Gen	G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee	to exclude	_
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac		Computation of
	on, you must:		Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine t		Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for		Exclusivity Surcharge
_	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in p	art 7 you must	for
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bel		Partially Distant
-	cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant stati	ion vou	Permitted
carried	to that community.		Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc the station's local service area. A subscriber located outside the local service area of a station is distant to that state the token, the station is distant to the subscriber.)		
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. I		
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note tha will have only one subscriber group when the distant stations it carried have local service areas that coincide.	it a cable	
Compi groups	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	em's subscriber	
	section:		
	fy the communities/areas represented by each subscriber group.	5.0	
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in f this schedule; or,	parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bl 6 of this schedule.	ock B,	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	structions	
page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the part making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	it is, the total	

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

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				•	023031	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GRO	DUP	٥
COMMUNITY/ AREA	Ponca	City, Kay County	, Tonkav	COMMUNITY/ ARE		County		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				KAUT	1.00	KOCB-3	1.00	Base Rate Fee
				KFOR	0.25			and
				KOCB	1.00			Syndicated
				косо	0.25			Exclusivity
		-		KOKH	1.00			Surcharge
				KOPX	1.00			for
				KSBI	1.00			Partially
		_		KWTV	0.25			Distant
	<u>-</u>	-	<u> </u>	KTBO	1.00	-	······	Stations
	·-		·-	KTUZ	1.00	-	······	
		-		KWTV-2	0.25	-	······	
	-	-	<u>-</u>	KOKH-2	1.00			
				KUOK-CD	1.00		······	
	······································			KOCB-2	1.00		······	
Total DSEs		!!	0.00	Total DSEs			12.00	
Gross Receipts First G	roup	\$ 672	2,307.00	Gross Receipts Sec	cond Group	\$	55,672.00	
·	•				·	·		
Base Rate Fee First G	•	\$	0.00	Base Rate Fee Sec		\$	3,232.87	
	THIRD	SUBSCRIBER GROU				SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
				-		<u> </u>	<u></u>	
						<u> </u>		
		_						
	<u> </u>			-	·····		·······	
	······································		·		·····		······	
	-	-	<u>-</u>		·····			
	•		•			-	······	
						-	······	
	······································	-	····		•••••			
	•					-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
				TI .				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$	3,232.87	
							•	

OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP
FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA O
O COMMUNITY/ AREA O Compu
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Of
Base Ra
an an
Syndic
Exclus Surch
fo
Parti
Dist
Station Statio
pup \$ 0.00 Gross Receipts Second Group \$ 0.00
sup \$ 0.00 Base Rate Fee Second Group \$ 0.00
EVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP
0 COMMUNITY/ AREA 0
DSE CALL SIGN DSE CALL SIGN DSE
0.00 Total DSEs 0.00
oup \$ 0.00 Gross Receipts Fourth Group \$ 0.00

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name
				TE FEES FOR EAG				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	<i></i>		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
		H					<u> </u>	Surcharge
								for
								Partially
								Distant Stations
			····	·	······			Stations
				·				
T		Ц	0.00	T		1	0.00	
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	
	ELEVENTH	SUBSCRIBER GRO	OUP		TWELVTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				·	·····		<u> </u>	
			····					
		<u> </u>						
	•••••	H					····	
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# 023031	Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	UP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
			······································			-		Exclusivity
								Surcharge
		-	<u> </u>					for Partially
			<u>-</u>			-		Distant
								Stations
			<u> </u>					
	·		<u>.</u>			-		
Total DSEs		_	0.00	Total DSEs		-	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	FTEENTH	SUBSCRIBER GRO		li		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	<u> </u>					
			<u>-</u>			 		
			<u>.</u>					
			<u>-</u>					
			_					
	<u> </u>		<u> </u>					
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 the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		ii –		I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		_						and
								Syndicated
			<u> </u>					Exclusivity Surcharge
	····		<u></u>		·····			for
		=						Partially
								Distant
	<mark></mark>	_						Stations
			<u> </u>					
	····		. 				····	
	····		<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	
N	INTEENTH	SUBSCRIBER GRO	UP	-	TWENTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
	·····		<u></u>	.				
		-	 			•		
	<mark></mark>		<u></u>		<u>.</u>			
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	<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 Enter here and in bloo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name
		COMPUTATION OI 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
					<u></u>			Base Rate Fee and
		-						Syndicated
								Exclusivity Surcharge
								for
								Partially
					····	-		Distant Stations
					<u></u>			
						-		
					<u></u>			
Total DSEs			0.00	Total DSEs		Ш	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	о.оцр	<u>·</u>			oa	<u> </u>		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO	UP 0	ii .		SUBSCRIBER GRO	_	
COMMUNITY/ AREA			<u>U</u>	COMMUNITY/ AREA	ч		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	
Total DSEs Gross Receipts Third	Group	•	0.00	Total DSEs	rth Group	•	0.00	
oross Medelhis Hilla	Эгоир	\$	0.00	Gross Receipts Foul	ιαι Θιυαρ	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								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	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
			<u>-</u>		····	-		
			<u>-</u>		····	-		
			<u>-</u>					
	<u></u>		<u> </u>					
			<u> </u>					
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.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								Name
				ATE FEES FOR EACH			ID	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		I SUBSCRIBER GROU	0 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
						-		Syndicated
				-		-		Exclusivity
					<u>-</u>			Surcharge for
								Partially
		-						Distant
					<u>.</u>			Stations
					-			I
								1
					<u></u>			
							2.22	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii —		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
					<u>-</u>			1
		-						1
					<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	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			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	EGAL NAME OF OWNER OF CABLE SYSTEM: SABLE ONE, INC. SYSTEM ID# 023031								
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	Ω.	
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	
			<u> </u>		<u>.</u>			Surcharge for	
								Partially	
								Distant	
								Stations	
			<u> </u>			<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 Sec	ond Group	\$	0.00		
	TY-FIFTH	SUBSCRIBER GRO		ii .		SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u> </u>		<u>.</u>		<u></u>				
		<u> </u>	<u>-</u>		·····				
					····				
Total DSEs		_	0.00	Total DSEs			0.00		
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$			

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name
				ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
					<u></u>			and
								Syndicated
								Exclusivity Surcharge
			····		•••••		·····	for
								Partially
								Distant
					<u></u>			Stations
	·····		····		·····			
			····		·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
THII	RTY-NINTH	SUBSCRIBER GRO	OUP		FORTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			••••		•••••			
	·····		····		·····			
			····					
					·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
	- 1					<u>-</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								Name
				ATE FEES FOR EAC				
	RTY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-				Exclusivity Surcharge
	····	-			<u></u>			for
		-						Partially
								Distant
								Stations
								l
	····				<u></u>			l
	···		······································		<u></u>			l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	1
Base Rate Fee First C	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FOR	TY-THIRD	SUBSCRIBER GRO	UP	FOR ⁻	ΓY-FOURTH	SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
								l
	····		<u> </u>		<u></u>			l
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	····		···					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	1
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO	DUP	Ħ		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
			····	-	·····			Surcharge for
	••••		····	·	·····			Partially
	••••		••••					Distant
								Stations
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY	-SEVENTH	SUBSCRIBER GRO	OUP	FO	RTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
						_		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 023031	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC				
FO	RTY-NINTH	SUBSCRIBER GRO	DUP		FIFTIETH	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	٩		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
		<u> </u>				-	<u> </u>	Exclusivity Surcharge
	·····		···					for
								Partially
								Distant
	<mark>.</mark>	<u> </u>						Stations
		H						
		-		1		•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTY-FIRST	SUBSCRIBER GRO	DUP	FIF	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>							
		 		·		•		
			····	-				
		 	····	·				
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
	d Can	•			with Caronia	•	_	
Gross Receipts Third	и споир	\$	0.00	Gross Receipts Fou	iui Gioup	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP	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
								Exclusivity
								Surcharge for
								Partially
			<u> </u>					Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO	UP 0	iii —		I SUBSCRIBER GRO	JP 0	
COMMUNITY/ AREA				COMMUNITY/ AREA			<u>U</u>	
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	Group	<u>\$</u>	0.00	Gross Receipts Four	tn 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	o as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name
				TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
					<u></u>			and
								Syndicated
	·····							Exclusivity
			····	-	·····			Surcharge for
			····	·	·····			Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
FI	FTY-NINTH	SUBSCRIBER GRO	DUP		SIXTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····		···-					
			····	-	·····			
			····	·	······			
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			····	-	·····			
			····	·	·····			
•••••		•						
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								Name
				TE FEES FOR EACH				
SIXT	ry-first	SUBSCRIBER GROU)P 0	COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU)P 0	9
COMMONT IT AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u> </u>			Base Rate Fee
					<u>.</u>			and Syndicated
					·			Exclusivity
								Surcharge
					<u>.</u>			for
					<u>.</u>		<u></u>	Partially Distant
								Stations
						_		
					<u> </u>			
					·			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GROU		ii .	Y-FOURTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								Name
				ATE FEES FOR EAC				
	(TY-FIFTH	SUBSCRIBER GRO		11		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-	<u></u>			Exclusivity Surcharge
			<u> </u>					for
					<u></u>			Partially
								Distant
								Stations
					<u></u>			l
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			<u>-</u>		<u></u>			l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	1
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIXTY-	SEVENTH	SUBSCRIBER GRO	UP	SIX	TY-EIGHTH	I SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
								l
					<u></u>			l
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			<u> </u>					l
Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	İ
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	1
Base Rate Fee: Add the 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# 023031								Name
				ATE FEES FOR EAC			ID.	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
			·					Exclusivity Surcharge
			·		····			for
								Partially
	<u></u>							Distant
								Stations
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						- -		
Total DSEs	<u> </u>		0.00	Total DSEs		11	0.00	
			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO		III		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I 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# 023031	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC				
		SUBSCRIBER GRO		ii e		I SUBSCRIBER GRO	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-	<u></u>					Syndicated
	·····	H				-		Exclusivity Surcharge
	•••••		<u></u>		••••			for
								Partially
			<u></u>					Distant
		<u> </u>	<u></u>		<u>.</u>			Stations
		H			····			
		-		·		•		
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	
SEVE	NTY-FIFTH	SUBSCRIBER GRO)UP	SEV	ENTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
		H						
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			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
	Crous	•			rth Craws	•	_	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	iui Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 023031	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	SEVENTH	SUBSCRIBER GRO				I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<mark>.</mark>					Syndicated
			<mark>-</mark>					Exclusivity Surcharge
	······································						••••	for
								Partially
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			<u>.</u>					Stations
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Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	1
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SEVEN	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	I SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
			<u> </u>					l
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Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
	r				F	·-	1	1
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	above.	\$		l

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 023031	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC				
	ITY-FIRST	SUBSCRIBER GRO		ii —		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u> </u>							and
	<u></u>		<u></u>					Syndicated
								Exclusivity Surcharge
		H			•••••		·····	for
								Partially
								Distant
	<mark></mark>		<u></u>					Stations
	<mark></mark>			-	·····			
		H						
	<u></u>		···		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGH	TY-THIRD	SUBSCRIBER GRO)UP	EIGH	TY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>	-					<u> </u>	
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	<mark></mark>				<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			scriber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name
				ATE FEES FOR EAC				
	ITY-FIFTH	SUBSCRIBER GRO		ii -		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······································		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		<u> </u>			<u></u>			and
			<mark>.</mark>					Syndicated
			-					Exclusivity Surcharge
			<u>.</u>		····		····	for
								Partially
					<u></u>			Distant
		-	<u>.</u>					Stations
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Total DSEs			0.00	Total DSEs			0.00	l
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	ond Group	\$	0.00	
EIGHTY-	SEVENTH	SUBSCRIBER GRO	UP	EIGH	HTY-EIGHTH	SUBSCRIBER GROU	UP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
			<u>.</u>		<u>.</u>			l
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			<u> </u>		<u></u>			l
								l
Total DSEs	1		0.00	Total DSEs		-	0.00	İ
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 to			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name
				ATE FEES FOR EAC				
	HTY-NINTH	SUBSCRIBER GRO		 		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	····	<u> </u>	<u></u>		·····			Syndicated Exclusivity
		H						Surcharge
								for
		<u> </u>						Partially
	<u>.</u>							Distant
		 						Stations
		H	···		••••			
	<u>.</u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

SYSTEM ID# 023031 Name				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
ACH SUBSCRIBER GROUP						
INETY-FOURTH SUBSCRIBER GROUP REA 0 9				SUBSCRIBER GRO	TY-THIRD	
REA 0 Computation		COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE of	1	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe						
and						
Syndicated						
Exclusivity					-	
Surcharge for					<u></u>	
Partially				-		
Distant						
Stations						
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0.00		Total DSEs	0.00			Total DSEs
Second Group \$ 0.00	nd Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
<u> </u>						
Second Group \$ 0.00	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
NINETY-SIXTH SUBSCRIBER GROUP	ETY-SIXTH	NIN	JP	SUBSCRIBER GRO	TY-FIFTH	NINE
REA0	COMMUNITY/ AREA 0					COMMUNITY/ AREA
DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		T 1 1 DOE	0.00			T / I DOE
0.00		Total DSEs	0.00			Total DSEs
0.00						_
	h Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
					<u></u>			Exclusivity Surcharge
								for
								Partially
								Distant
		-						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	
NINE	TY-NINTH	SUBSCRIBER GRO	JP	ONE H	JNDREDTH	SUBSCRIBER GROU	JP	
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>			
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	h Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP	ONE HUNDR	ED SECOND	SUBSCRIBER GRO	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u> </u>					Base Rate Fee
	····	-	. 					Syndicated
	····		<u>-</u>					Exclusivity
								Surcharge
		ļ	<u> </u>					for
			<u></u>					Partially
			<u></u>		·····			Distant Stations
			<u>-</u>					Stations
					•••••			
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		<u></u>					
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			<u></u>		••••			
			<u></u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 023031	Name
				ATE FEES FOR EACH			_	
ONE HUNDS		SUBSCRIBER GROU	<u>лР</u> О	ONE HUND		I SUBSCRIBER GROU	JP 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
					<u></u>			Exclusivity
	<u></u>			-				Surcharge for
								Partially
					<u></u>			Distant
	<u></u>							Stations
	<u></u>			-				
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 (\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED COMMUNITY/ AREA		SUBSCRIBER GROU	<u>0</u>	ONE HUNDR		I SUBSCRIBER GROU)P	
OOWINGTOT TO AREA				OOMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
					<u></u>			
								
					<u></u>			
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts 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 t Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNI		E SYSTEM:				S	YSTEM ID# 023031	Name
		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
				-	<u></u>			Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for Partially
								Distant
								Stations
Total DSEs	`roup	•	0.00	Total DSEs	nd Croup	•	0.00	
Gross Receipts First G	Froup	<u>\$</u>	0.00	Gross Receipts Secon	na Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GROU	JP 0	ONE HUNDRED		I SUBSCRIBER GROU	JP 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
					-			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add to Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								Name
Bl	_OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		<u> </u>
ONE HUNDRED THIS	RTEENTH	SUBSCRIBER GROU		†		SUBSCRIBER GROU	JP	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 OTOTA	DOL	OALL GIGIN	BOL	O/ALL CICIY	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
					<u></u>			for
								Partially Distant
								Stations
		-						1
								l
								l
								l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
								l
								l
								l
								l
								l
								l
								l
								l
		-						l
	······································							l
								l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	h Group	\$	0.00	1
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	l
Base Rate Fee: Add the 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# 023031								
ONE HUNDRED SEV				ATE FEES FOR EACH		RIBER GROUP H SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
				-	<u></u>			Exclusivity Surcharge
		-						for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO	UP 0	II		SUBSCRIBER GRO	UP 0	
COMMUNITY/ ARE				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	d C	•	0.00	Total DSEs	h 0:	•	0.00	
Gross Receipts Third	и Group	\$	0.00	Gross Receipts Fourt	n 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: CABLE ONE, INC. SYSTEM ID# 023031								
	BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		TT .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
		-						Partially
								Distant
								Stations
								
					<u></u>			
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	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROUF)	ONE HUNDRED TWEN	ITY-FOURTH	I SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
				-				
				·				
					<u></u>			
								
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	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	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
	····						<u></u>	Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
	<u>.</u>							
	····							
Total DSEs			0.00	Total DSEs			0.00	
Fross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	0.00			
	-					\$		
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	
	····			-	·····			
	····	H	···					
	<mark></mark>							
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•				,			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								
Е	BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	1 SUBSCF	RIBER GROUP		
		SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 01011	302	07.122 07.01.1	202	07.22 0.011	202	07.122.01.01.1	302	Base Rate Fee
								and
								Syndicated
				-	<u></u>			Exclusivity
					<u>-</u>		····	Surcharge for
		-			<u>-</u>			Partially
								Distant
		-						Stations
	·····							
					<u></u>			
							•••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Gross Receipts First Group \$ 0.0			Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Secon		\$	0.00	
		SUBSCRIBER GROUP		ii .		SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
				-	<u>-</u>	-	····	
		-			<u>-</u>			
		-			<u> </u>			
								
		-			<u>-</u>			
					<u> </u>			
	····							
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourtl	n Group	\$	0.00	
	•				,			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourti	າ Group	\$	0.00	
Base Rate Fee: Add to Enter here and in blood			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name
[BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU		H		H 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
								and Syndicated
	••••		••••	· · · · · · · · · · · · · · · · · · ·				Exclusivity
								Surcharge
								for
	<u></u>							Partially
	<u>.</u>			·				Distant Stations
	····		····		·····			Stations
***************************************	••••		••••		•••••			
Total DSEs		-	0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IIRTY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED	THIRTY-SIXTH	H SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	·····		····					
	····		••••					
					<u></u>			
	····				·····		<u></u>	
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	<u>.</u>		····			.		
Total DSEs			0.00	Total DSEs		Ш	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
	- 1-				P	<u>-</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name
В	SLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY	Y-SEVENTH	SUBSCRIBER GROU		H .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	<u></u>	 						Syndicated
				-				Exclusivity Surcharge
	···				••••			for
	•••	=						Partially
								Distant
								Stations
	<u></u>	-						
	<u></u>				·····			
	•••	H						
	•••							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.0			0.00	Gross Receipts Sec	and Group	\$	0.00	
Groce recorpte riller	эгоар			ll cross resolpts ess	ona Oroup			
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
		H		·				
	••••••••••••							
	<u></u>							
								
	···	-			••••			
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FO	ORTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-SECONE	SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u>.</u>					-		and
								Syndicated Exclusivity
						-		Surcharge
			••••					for
								Partially
		 				<u> </u>		Distant
	<u>.</u>		<u></u>			-		Stations
	····		<u></u>			-		
	····		<u></u>			-		
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	
ONE HUNDRED FO	RTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-FOURTH	I SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<u></u>			-		
	····		<u></u>			-		
	····		<u></u>			-		
	····		···					
			<u></u>					
	····		<u></u>			-		
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								
				ATE FEES FOR EAC				
	RTY-FIFTH	SUBSCRIBER GROUP				SUBSCRIBER GROUF		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated Exclusivity
								Surcharge
								for
			 		<u></u>			Partially Distant
	···							Stations
		-						
					<u></u>			
	<u></u>				<u></u>			
	<u></u>							
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 G		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED FORTY	'-SEVENTH	SUBSCRIBER GROUP		II		I SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
					<u></u>			
	<u></u>							
	···	-			<u> </u>			
					<u></u>			
	···							
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 023031	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D FIFTIETH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.070.1	202	07.22 0.0.1	202	07.22 0.0.1	202	07.122.01011	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
	<mark></mark>				<u>.</u>			Surcharge for
	···				·····			Partially
								Distant
								Stations
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	<mark></mark>				<u>.</u>			
	<mark></mark>		<u> </u>					
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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 G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
	<mark></mark>					-	<u></u>	
	<u></u>		<u> </u>					
	<u></u>							
	<u></u>							
	<u> </u>							
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EACH		RIBER GROUP	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		-						
				.				
Total DSEs			0.00	Total DSEs		Щ	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	
ONE HUNDRED F		SUBSCRIBER GRO	JP 0	ONE HUNDRED F		I SUBSCRIBER GRO	UP 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs	<u> </u>		0.00	Total DSEs	•		0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								
				TE FEES FOR EACH				
		SUBSCRIBER GROUP		ii e		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
								Syndicated Exclusivity
				-	<u></u>			Surcharge
		-						for
			 					Partially
					<u></u>			Distant Stations
								Stations
Total DSEs	!	!	0.00	Total DSEs	_		0.00	
Gross Receipts First	Fross Receipts First Group \$ 0.0			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 .		I SUBSCRIBER GROUP	_	
COMMUNITY/ AREA	<i></i>		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
				1				
			 		<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.	\$		

LEGAL NAME OF OWNE							023031	Name
Bl				TE FEES FOR EACH				
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	Ponca	City, Kay Count	y, Tonka	COMMUNITY/ AREA	Osage (County		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
			•		•			Distant
			-		 			Stations
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		H			-	-		
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			<u>.</u>		 		·····	
	<u>.</u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 672	,307.00	Gross Receipts Secon	d Group			
orosa receipis Fiist G	·Jup	Ψ 01Z	,507.00	Totos Necelpis Secon	a Group			
		\$ 0.00						
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	a Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP	FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
			*		1			
	 		·					
	·······		•		 			
						1		
Fotal DSEs			0.00	Total DSEs	•		0.00	
	rous-	•			Crave	•	_	
Gross Receipts Third G	oroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Door Bots For Till 10	\max.i=		0.00	Base Bate E. S	0		0.00	
Base Rate Fee Third G	oroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				11				
			criber group	as shown in the boxes a	above.			
Enter here and in block						\$	0.00	

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 023031	Name
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Name	YSTEM ID# 023031	S			•	_E SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
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Name	O23031	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
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	YSTEM ID# 023031	Sì			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
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Name	YSTEM ID# 023031	S				E STSTEM.	R OF CABL	CABLE ONE, INC.
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Name	YSTEM ID# 023031	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
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Name	YSTEM ID# 023031	S				LE SYSTEM:		CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BI
9	JP	SUBSCRIBER GROU	RTY-SIXTH	FOF		SUBSCRIBER GRO	TY-FIFTH	FOR
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Name	023031					·		CABLE ONE, INC.
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= - - -	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF [*] COMMUNITY/ AREA
= - - -	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF [*] COMMUNITY/ AREA
= - - - -	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
- - - - - -	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
- - - - 	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
- - - -	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF [*] COMMUNITY/ AREA
- - - - - - - - -	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF [*] COMMUNITY/ AREA
- - - - - - - - -	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
- - - - - - - - - - - -	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF [*] COMMUNITY/ AREA
- - - - - - - - - - - - - - - - - - -	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF [*] COMMUNITY/ AREA
	DSE	SUBSCRIBER GROU	-SECOND	CALL SIGN	DSE	SUBSCRIBER GROU	TY-FIRST	CALL SIGN
	DSE	SUBSCRIBER GROU	-SECOND	CALL SIGN CALL SIGN Total DSEs	DSE O.00	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs
	DSE	SUBSCRIBER GROU	-SECOND	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs
	0.00 0.00	SUBSCRIBER GROU CALL SIGN *	-SECOND	CALL SIGN CALL SIGN Total DSEs Gross Receipts Fourth	DSE	SUBSCRIBER GROU	DSE DSE	CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third G
	DSE	SUBSCRIBER GROU	-SECOND	CALL SIGN CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE DSE	CALL SIGN CALL SIGN Total DSEs

Name	YSTEM ID# 023031	S`				LE SYSTEM:	R OF CABL	CABLE ONE, INC.	
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	ry-third		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe			<u></u>						
and		<u> </u>							
Syndicated		-							
Exclusivity Surcharge		H							
for					-	-			
Partially		<u> </u>			······································				
Distant									
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		1	<u> </u>				<u> </u>		
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secor	0.00	\$	roup	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	TY-SIXTH	FI	UP	SUBSCRIBER GRO	TY-FIFTH	FIFTY-FIFTH	
	0								
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	
		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		
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	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE		
	0.00	CALL SIGN		CALL SIGN Total DSEs	DSE			CALL SIGN Total DSEs	
	DSE	\$		CALL SIGN	DSE	CALL SIGN		CALL SIGN	

	ID	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	JUBSCRIBER GROC	T-EIGHTH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	SEVENTH.	COMMUNITY/ AREA
Computati		II 0411 0101	T 505				I BOE	
of Base Rate I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
Syndicate								
Exclusivit								
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for Partially	<u></u>							
Distant	<u></u>							
Stations						-		
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	0.00	<u> </u>		Total DSEs	0.00			otal DSEs
		•	10			•		
	0.00	\$	a Group	Gross Receipts Secon	0.00	\$	roup	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
	JP	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GROU	TY-NINTH	FIF ⁻
	COMMUNITY/ AREA0			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			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs ross Receipts Third G

LEGAL NAME OF OWNER OF CA CABLE ONE, INC.	DLL OTOTEIVI.					023031	Name	
			TE FEES FOR EAC			-		
SIXTY-FIRS COMMUNITY/ AREA	T SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0	9	
			OCIVII I I I I I I I I I I I I I I I I I	`			Computati	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
					<u> </u>		Base Rate I	
		<u></u>		·····	-		and Syndicate	
		····		•••••	-		Exclusivit	
							Surcharg	
							for	
				·····	-		Partially Distant	
					-		Stations	
		····		·····				
Total DSEs		0.00	Total DSEs			0.00		
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SIXTY-THIR	D SUBSCRIBER GRO	OUP	SIXTY-FOURTH SUBSCRIBER GROUP					
						0		
OUWINIUNITY/ AREA		0	COMMUNITY/ ARE	Α		0		
CALL SIGN DSE	CALL SIGN	DSE	COMMUNITY/ ARE	DSE	CALL SIGN	DSE		
	CALL SIGN				CALL SIGN			
	CALL SIGN				CALL SIGN			
	CALL SIGN				CALL SIGN			
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CALL SIGN DSE	CALL SIGN				CALL SIGN			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group		0.00	CALL SIGN Total DSEs	DSE		DSE		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
	TY-FIFTH	SUBSCRIBER GRO		iii	XTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u> </u>					and
			<u></u>					Syndicated
			<u> </u>					Exclusivity
			<u> </u>		.		····	Surcharge for
			<u> </u>			-		Partially
		-	••••••••••					Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
3ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SIXTY-SEVENTI		SUBSCRIBER GRO	UP	SIXT				
COMMUNITY/ AREA	JNITY/ AREA		0				0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs		П	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		e fees for each subs	criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 023031	S											
9	JP	SUBSCRIBER GROU	VENTIETH	SE		SUBSCRIBER GRO	TY-NINTH	SIX					
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								•••••					
Stations													
		ļļ.											
	0.00			Total DSEs	0.00			Total DSEs					
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G					
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G					
	JP	SUBSCRIBER GROU	/-SECOND	SEVENT	JP	SUBSCRIBER GRO	TY-FIRST	SEVEN					
	0		COMMUNITY/ AREA				COMMUNITY/ AREA						
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN					
		-				-							
		-					<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 G					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL	
_	JP	SUBSCRIBER GROU	-FOURTH	SEVENT	JP	SUBSCRIBER GRO	ry-THIRD	SEVENT	
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
Syndicated									
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	0.00			Total DSEs	0.00		<u> </u>	Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr	
	IP	SUBSCRIBER GROU	ITY-SIXTH	SEVEN	JP	SEVENTY-FIFTH SUBSCRIBER GROUP			
	0			COMMUNITY/ AREA	0			SEVENTY-FIFTH COMMUNITY/ AREA	
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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		H	ı		0.00				
-	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	

0 9 Computation of Base Rate Fee	IBER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE BA	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
Computation SE of Base Rate Fee	SUBSCRIBER GROUP	V EIGHTH												
Computation SE of Base Rate Fee		Y-EIGHTH	SEVENT	JP	SUBSCRIBER GROU	SEVENTH	SEVENTY-S							
Base Rate Fee			COMMUNITY/ AREA	0			COMMUNITY/ AREA							
and	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN							
	_													
Syndicated														
Exclusivity														
Surcharge														
for														
Partially Distant														
Stations														
					-									
	H													
.00		•	Total DSEs	0.00			Total DSEs							
.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G							
.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G							
	SUBSCRIBER GROUP	IGHTIETH	E	SEVENTY-NINTH SUBSCRIBER GROUP										
0					COMMUNITY/ AREA									
SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN							
	_													
						 								
						 								
						 								
.00			Total DSEs	0.00			Total DSEs							
.00_	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G							
.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G							

Name	YSTEM ID# 023031	S			.	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.	
				TE FEES FOR EACH					
9	JP	SUBSCRIBER GROU	-SECOND	EIGHTY	JP	SUBSCRIBER GROU	TY-FIRST	EIGH	
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		-							
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gr	
	JP	SUBSCRIBER GROU	/-FOURTH	EIGHT	JP	EIGHTY-THIRD SUBSCRIBER GROUP			
	0	0 COMMUNITY/ AREA				COMMUNITY/ AREA			
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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1				Total DSEs	0.00			Total DSEs	
	0.00								
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	

Name	YSTEM ID# 023031	S					R OF CABL	LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GROL	TY-FIFTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate		<u> </u>						
and		-				-	<u> </u>	
Syndicate Exclusivi		-				-	 	
Surcharg		-						
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	0.00			Total DSEs	0.00			otal DSEs
		_	Gross Receipts Second Group		0.00	\$ 0.00		Gross Receipts First G
	0.00	\$				<u> </u>		
	0.00	\$	a Group					
	0.00	\$		Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	0.00		d Group	Base Rate Fee Secon		\$ SUBSCRIBER GROU		
	0.00	\$	d Group	Base Rate Fee Secon				EIGHTY-S
	0.00	\$	d Group	Base Rate Fee Secon	JP			EIGHTY-S
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S COMMUNITY/ AREA CALL SIGN
	0.00 JP O DSE	\$ I SUBSCRIBER GROU	d Group Y-EIGHTH DSE	EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs	JP 0	SUBSCRIBER GROU	DSE	EIGHTY-SCOMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 JP	SUBSCRIBER GROU	d Group Y-EIGHTH DSE	Base Rate Fee Secon EIGHT COMMUNITY/ AREA CALL SIGN	DSE DSE O.00	CALL SIGN	DSE	EIGHTY-S

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
				TE FEES FOR EACH					
	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	
								Syndicated	
					<u></u>	 		Exclusivity Surcharge	
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		-						Partially	
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Total DSEs	<u> </u>		0.00	Total DSEs		ĮI.	0.00		
Gross Receipts First G	roup	\$ 0.00		Gross Receipts Second Group \$ 0.00					
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
NINE	TY-FIRST	SUBSCRIBER GRO	UP	NINET					
COMMUNITY/ AREA		0 COMMUNITY/ AREA			0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs	1		0.00	Total DSEs	1	11	0.00		
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
Base Rate Fee: Add the Inter here and in block			criber group	as shown in the boxes	above.	\$			

Name	YSTEM ID# 023031	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GRO	ry-THIRD	
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							 	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First Gr
	JP	SUBSCRIBER GROU	TY-SIXTH	NINE	FIFTH SUBSCRIBER GROUP			NINE
	0			COMMUNITY/ AREA	ii ii		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	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	0.00	•						

	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
	ID	IBER GROUP SUBSCRIBER GROU				COMPUTATION OF SUBSCRIBER GROU			
9	0	SUBSCRIBER GROU	T-EIGHTH	COMMUNITY/ AREA	0	SUBSCRIBER GROC		COMMUNITY/ AREA	
Computati		II OALL OLON	I DOE	OALL CION	DOE.	L CALL CLON	I DOE I	OALL CION	
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
and		+							
Syndicate						-			
Exclusivi									
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for		-							
Partially		-							
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	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	ross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G	
	JP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GROU	TY-NINTH	NINE	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$			0.00	\$	Group		
		\$		Total DSEs		\$	Group	otal DSEs Gross Receipts Third (

	ID	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	30B3CRIBER GROU	SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROU	EDFINOT	COMMUNITY/ AREA
Computati								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I	<u></u>						. 	
Syndicate						-		
Exclusivit	····						<u>-</u>	
Surcharg								
for		 -					<u></u>	
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	0.00	-		Total DSEs	0.00			otal DSEs
	Gross Receipts Second Group \$ 0.00		\$ 0.00		Gross Receipts First Group			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
	JP	SUBSCRIBER GROU	FOURTH	ONE HUNDRED	JP	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
	0.00		Group		0.00		Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs ross Receipts Third C

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 023031	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDR	ED FIFTH	SUBSCRIBER GRO	JP	ONE HUNDS	RED SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						<u> </u>		and
								Syndicated
						<u> </u>	<u></u>	Exclusivity
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Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	JP	İ	D EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Group \$ 0.00 Gross Receipt	\$ 0.00 Gross Receipt Base Rate Fe te fees for each subscriber group as shown in the	0.00 Gross Receipt 0.00 Base Rate Fe	Gross Receipt	e Fourth	ı Group	\$ \$ \$	0.00	

	023031							CABLE ONE, INC.
	ID			TE FEES FOR EACH				
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Computati								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and Syndicate	<u></u>	-					<u></u>	
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	0.00			Total DSEs	0.00	_		otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroup	Fross Receipts First G
	1							
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
	JP	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	JP	SUBSCRIBER GROU	LEVENTH	ONE HUNDRED E
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
	0.00	S	Group			\$	Group	
		\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs

CALL SIGN DSE CALL SIGN DSE CALL SIGN	CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Second	DSE DSE d Group	CALL SIGN CALL SIGN \$ SUBSCRIBER GROUND \$ SUBSCRIBER GROUND \$	0.00 0.00	Computation of Base Rate Fand Syndicated Exclusivit Surcharge for Partially Distant Stations
CALL SIGN DSE CALL SIGN DSE CALL SIGN	CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00 0.00	Computation of Base Rate F and Syndicate Exclusivity Surcharge for Partially Distant
CALL SIGN DSE CALL SIGN DSE CALL SI	CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ \$ \$ \$UBSCRIBER GROU	0.00 0.00	Computation of Base Rate F and Syndicate Exclusivity Surcharge for Partially Distant
Total DSEs Foross Receipts First Group Base Rate Fee First Group ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O C	Fotal DSEs Gross Receipts Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ \$ \$ \$UBSCRIBER GROU	0.00 0.00 0.00	Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	and Syndicate Exclusivit Surcharge for Partially Distant
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	Syndicate Exclusivit Surcharge for Partially Distant
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	Exclusivity Surcharge for Partially Distant
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	Surcharge for Partially Distant
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	for Partially Distant
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	Distant
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	Stations
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	
Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	Gross Receipts Second Base Rate Fee Second ONE HUNDRED SI COMMUNITY/ AREA	d Group	\$ SUBSCRIBER GROU	0.00 0.00	
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ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C	ONE HUNDRED SI	IXTEENTH S	SUBSCRIBER GROU	JP	
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Total DSEs 0.00	otal DSEs			0.00	
Gross Receipts Third Group \$ 0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00 B	Base Rate Fee Fourth	Group	\$	0.00	
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9		SUBSCRIBER GROUP	GHTEENTH			SUBSCRIBER GROUP	ENTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate		-						
Exclusivit						-		
Surcharge for		-						
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Stations								
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	0.00	••	•	Total DSEs	0.00	-	-	otal DSEs
				Total BOLS	0.00	-		otal DOLS
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	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	Group	ross Receipts First G
	0.00							
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
	0.00 0.00		d Group	Base Rate Fee Secon	0.00		Group	one hundred ni
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
	0.00 0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	one hundred ni
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ONE HUNDRED NI
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED NI OMMUNITY/ AREA
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED NI OMMUNITY/ AREA
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED NI OMMUNITY/ AREA
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ONE HUNDRED NI
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED NI OMMUNITY/ AREA
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ONE HUNDRED NI
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ONE HUNDRED NI
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ONE HUNDRED NI
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ONE HUNDRED NI
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	COMMUNITY/ AREA
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ONE HUNDRED NI
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ONE HUNDRED NI
	0.00 0.00 UP	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ONE HUNDRED NI COMMUNITY/ AREA CALL SIGN
	0.00 UP 0 DSE	SUBSCRIBER GROU	d Group WENTIETH DSE	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GRO	DSE	ONE HUNDRED NI OMMUNITY/ AREA CALL SIGN otal DSEs
	0.00 0.00 UP 0 DSE	\$ SUBSCRIBER GROU	d Group WENTIETH DSE	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	DSE	ONE HUNDRED NI COMMUNITY/ AREA CALL SIGN Cotal DSEs
	0.00 UP 0 DSE	SUBSCRIBER GROU	d Group WENTIETH DSE	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GRO	DSE	ONE HUNDRED NI

CABLE ONE, INC		LE SYSTEM:				S	023031	Name
E	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
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		H						for
			<u></u>					Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$ 0.00		Gross Receipts Second Group		\$	0.00	
						,		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	I SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN								
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	O23031	Name
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ONE HUNDRED TWEN	ΓΥ-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		Δ
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Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-SECONE	SUBSCRIBER GROUP		
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oup		\$	0.00	Gross Receipts Fourth	Group	\$ \$	0.00	

3031 Name							
			TE FEES FOR EACH	BASE RA			
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SUBSCRIBER GROUP				COMPUTATION OF	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
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				E FEES FOR EACH				
9		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED FORT
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	P	SUBSCRIBER GROU	SECOND	ONE HUNDRED FIFTY	JP	SUBSCRIBER GROU	TY-FIRST	ONE HUNDRED FIFT
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	023031							CABLE ONE, INC.
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		IBER GROUP						
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	0.00 DSE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secor ONE HUNDREI COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	DSE	ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 DSE 0.00	SUBSCRIBER GROU	DSE Group	Base Rate Fee Secon ONE HUNDREI COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GROUND CALL SIGN	DSE Croup	Base Rate Fee First Gr ONE HUNDRED FIFT COMMUNITY/ AREA

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023031 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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