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						
8/7/2019	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.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									
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busin. If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's IE LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM City of Tacoma	ess of the cable system on the last day of the counting perion	em the accounting period should s							
	3628 S. 35th St. Tacoma, WA 98409									
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address o									
System	1 IDENTIFICATION OF CABLE SYSTEM: Click! Cable TV									
	MAILING ADDRESS OF CABLE SYSTEM:									
	(Number, street, rural route, apartment, or suite number)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page 1b						
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First Community	TACOMA	WA								
	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S STATE	pace G. CH LINE UP	SUB GRP#						
	CITY OR TOWN (SAMPLE) Alda	MD	A	50B GRP#						
Sample	Alliance	MD	В	2						
	Gering	MD	В	3						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and 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 Office'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.

FORM SAJE. PAGE 10.			OVOTEM ID#	1							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#								
City of Tacoma			62227								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.											
Note: Entities and properties such as hotels, apartments, condominiums, or mobile 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-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns in	l a subscriber gro										
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#								
TACOMA	WA			First							
FIRCREST	WA			Community							
FIFE	WA			Community							
LAKEWOOD	WA			ļ .							
UNIVERSITY PLACE	WA										
UNIVERSITY PLACE											
UNINCORPORATED PIERCE COUNTY	WA			See instructions for							
				additional information							
				on alphabetization.							
				Add rows as necessary.							

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

City of Tacoma

SYSTEM ID#
62227

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.

OCK 1		BLOC	K 2	•
NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
12,758	\$21.62/mo.			
147	\$21.62/mo.			
286	\$21.62/mo.			
19,802	\$1.20/mo.			
144	\$1.20/mo.			
	12,758 12,758 147 286 19,802	NO. OF SUBSCRIBERS RATE 12,758 \$21.62/mo. 147 \$21.62/mo. 286 \$21.62/mo. 19,802 \$1.20/mo. 144 \$1.20/mo.	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 12,758 \$21.62/mo. 147 \$21.62/mo. 286 \$21.62/mo. 19,802 \$1.20/mo. 144 \$1.20/mo.	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 12,758 \$21.62/mo. 147 \$21.62/mo. 286 \$21.62/mo. 19,802 \$1.20/mo. 144 \$1.20/mo.

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	F	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
 Pay cable 	\$	19.99	Motel, hotel				EXPANDED BASIC TIER	\$44.25
 Pay cable—add'l channel 	\$	17.99	Commercial	\$	75.00	Ī	1ST DIGITAL TIER	\$24.16
Fire protection			• Pay cable			Ī	2ND DIGITAL TIER	\$8.50
Burglar protection			Pay cable-add'l channel			Ī	3RD DIGITAL TIER	\$9.00
Installation: Residential			Fire protection			Ī	PPV	PP
First set	\$	50.00	Burglar protection			ſ	VOD	PP
 Additional set(s) 	\$	20.00	Other services:			Ī		
FM radio (if separate rate)			Reconnect	\$	40.00	Ī		
Converter			Disconnect			Ī		
			Outlet relocation	\$	20.00	Ī		
			Move to new address	\$	40.00	į		
						Ī		

FORM SA3E. PAGE 3.					OVOTEN ID#	Г			
LEGAL NAME OF OWN		YSTEM:			SYSTEM ID# 62227	Name			
PRIMARY TRANSMITTE									
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
basis under 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									
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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).									
			ū		ion for broadcasting over-the-air in may be different from the channel				
on which your cable sy Column 3: Indicate educational station, by	stem carried the case was the c	ne station. whether the setter "N" (for n	tation is a netwo etwork), "N-M" (rk station, an inde	ependent station, or a noncommercial ast), "I" (for independent), "I-M" ommercial educational multicast).				
For the meaning of the					ne paper SA3 form. es". If not, enter "No". For an ex-				
planation of local service	ce area, see pa	age (v) of the	general instructi	ons located in the	e paper SA3 form.				
•			•	•	stating the basis on which your tering "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 identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.									
		CHANN	EL LINE-UP	AA					
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				
CBAT	31	I	Yes	0	FREDERICTON, NB CANADA				
КВТС	28.1	Е	No		TACOMA	See instructions for			
KBTC NHK WORL	28.2	E-M	No		TACOMA	additional information			
KBTC MHz WORL	28.3	E-M	No		TACOMA	on alphabetization.			
KBTC TVW	28.4	E-M	No		TACOMA				
KCPQ	13.1	N	No		TACOMA				
KCPQ THIS TV	13.2	N-M	No		TACOMA				
KCPQ ESCAPE	13.2	N-M	No		TACOMA				
KCTS	9.1	E	No		SEATTLE				
KCTS CREATE	9.3	E-M	No		SEATTLE				
KFFV METV	9.3 44.1	E-1VI	No		SEATTLE				
KFFV MOVIES	44.1	I-M	No		SEATTLE				
KFFV HEROS& IO	44.3	I-M	No		SEATTLE				
KING ILISTICE	5.1	N N M	No No		SEATTLE				
KING JUSTICE	5.2	N-M	No		SEATTLE				
KING QUESTTV	5.3	N-M	No		SEATTLE				
KIRO	7.1	N	No		SEATTLE				
KIRO GETTV	7.2	N-M	No		SEATTLE				

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

City of Tacoma

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KIRO LAFF	7.3	N-M	No		SEATTLE
KOMO	4.1	N	No		SEATTLE
KOMO COMET	4.2	N-M	No		SEATTLE
KOMO CHARGE	4.3	N-M	No		SEATTLE
KONG	16.1	I	No		SEATTLE
KSTW	11.1	I	No		TACOMA
KSTW STARTTV	11.2	I-M	No		TACOMA
KTBW	20.1	I	No		SEATTLE
KUNS	51.1	I	No		BELLEVUE
KUNS TBD TV	51.2	I-M	No		BELLEVUE
KUNS STADIUM	51.3	I-M	No		BELLEVUE
KWDK	42.1	I	No		TACOMA
KWPX	33.1	I	No		BELLEVUE
KZJO	22.1	I	No		SEATTLE
KZJO ANTENNA	22.3	I-M	No		SEATTLE
					
					<u> </u>

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma	1				62227		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for							
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 r U.S. stations, the the name of the use a separate	instructions locate list the community ne community with space G for each	d in the paper SA3 form. I to which the station is licensed by the which the station is identifed.		
	1	CHANN	EL LINE-UP	AC			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	IVOIVIBLIX	OTATION		(II Distant)			
					ļ		
					ļ		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma	1				62227		
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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. 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 enter							
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	0 DIO407						
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
0.0.1	NUMBER	STATION	(100 01 110)	(If Distant)			

FORM SA3E. PAGE 3.						Τ
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	Nume
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasis Substitute Pasis Pasi	G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	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 the station was carried to the station was carried to the station was station to the period of the station is a network of the station is a network of the station of the stational, of the stational, of the stational of the stations, the stations of the stations of the stational of the stations, the stations, the stations of the stations of the stations of the stations of the stational of the stations of the stations of the stations of the stations of the stational of the stations of the stational of the sta	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of both on a substitution, see page (v) on program services the television statistication, D.C. This work station, an indefor network multice or "E-M" (for noncontrolled in the state of the television statistication of the state of the television statistication, p.C. This work station, an indefor network multice or "E-M" (for noncontrolled in the state of the state o	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your etering "LAC" if your cable system capacity. expaper says to be subject estem or an association representing ery transmitter, enter the designa- ether basis, enter "O." For a further ed in the paper SA3 form. expect to which the station is licensed by the enter which the station is identified.	Primary Transmitters: Television
Note: If you are utilizing	ig multiple chai		·	•	спатнетше-ир.	
	_	CHANN	EL LINE-UP	AE		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma	1				62227		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "If (for independent), "I-M" (for ind							
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 r U.S. stations, the the name of the use a separate	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	CHANN	EL LINE-UP	AF			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
		0.7711011		(2.5.6)			
							
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma	1				62227		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as associated with a station according to its over-the-air designation. For example, report multicast stream as such as 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 m							
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.		
Note. II you are utilizii	ig multiple chai	· ·	EL LINE-UP	<u>'</u>	Criatinei iirie-up.		
4 0011	2. B'CAST			5. BASIS OF	6 LOCATION OF STATION		
1. CALL SIGN	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION	,	(If Distant)			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	rano
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. -List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "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). Fer (for noncommercial educational), or "E-M" (for noncommercial educational multica						
tion "E" (exempt). For explanation of these the Column 6: Give the	simulcasts, also nree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, givennel line-ups,	you carried the of the general in U.S. stations, the the name of the stations is the stations.	channel on any ot instructions locate list the community ne community with space G for each	her basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the which the station is lidentifed.	
4 0411	2 P'CAST				6 LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
0.0.1	NUMBER	STATION	(10001110)	(If Distant)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).						
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, giv	of the general in the state of the name of the name of the tree of	instructions locate list the community ne community with	d in the paper SA3 form. I to which the station is licensed by the which the station is identifed.	
	1	CHANN	EL LINE-UP	Al		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
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FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#	Name
City of Tacoma	ı				62227	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for ind						
		CHANN	EL LINE-UP	AJ		
1. CALL SIGN	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		
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FORM SA3E. PAGE 3.						14G 1 EMIOD: 2013/1
City of Tacoma		STEM:			SYSTEM ID# 62227	Name
City of Tacoma					62221	
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	G, identify every system during the ons in effect or .61(e)(2) and (-6)(5); as explaine stations: With record record a substant also in spaformation concerm.	r television stane accounting a June 24, 1984), or 76.63 (r d in the next pespect to any tions, or auth G—but do list titute basis. ce I, if the staerning substit	period, except 81, permitting th referring to 76.6 paragraph. distant stations orizations: t it in space I (th attion was carried ute basis station	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your case special Statement d both on a substitute, see page (v) of	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	G Primary Transmitters: Television
each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the stiplanation of local service Column 5: If you had cable system carried the carried the distant static For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	associated with -2". Simulcast see channel number. For example stem carried the in each case we entering the lessast), "E" (for no see terms, see pation is outside ce area, see parave entered "Year edistant static on on a part-tirion of a distant entered into or a primary transis simulcasts, also aree categories, a location of each canadian statio	n a station accepted with a station accepted with a station. Whether the station. Whether the station whether the station accepted with a station accepted with a station and accepted with a station	as assigned to a sa assigned to a sa assigned to a sand 4 in Wash ation is a network, "N-M" (all educational), "Or a general instruct 4, you must correct accounting period ause of lack of a sam that is not so a sam that is not so a counting period ause of the general in truct a	er-the-air designate column 1 (list each the television statington, D.C. This in the station, an indefor network multicater "E-M" (for noncoctions located in the station), enter "Ye ions located in the mplete column 5, so d. Indicate by entictivated channel of subject to a royalty stween a cable systement of the primary continuity and the primary of	cion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system that the station is the subject term or an association representing the transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	
	T	CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3								
LEGAL NAME OF OV		YSTEM:			SYSTEM ID#	Name		
City of Tacon	na				62227			
PRIMARY TRANSMIT	TERS: TELEVISION	ON						
carried by your cable FCC rules and regule 76.59(d)(2) and (4), substitute program b Substitute Basis basis under specifc I Do not list the static	arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(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 ubstitute 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 asis 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.							
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	r Canadian statio	ons, if any, givennel line-ups,	e the name of thuse a separate	ne community with space G for each	to which the station is licensed by the which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AL				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)						
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 r U.S. stations, the the name of the use a separate	instructions locate list the community ne community with space G for each	d in the paper SA3 form. I to which the station is licensed by the which the station is identifed.	
	1	CHANN	EL LINE-UP	AM		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF STATION	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
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FORM SA3E. PAGE 3.						Τ
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	rtaino
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
PRIMARY TRANSMITTI In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Passis Subasis under specifc FC • Do not list the station was carried • List the station here, basis. For further in the paper SA3 fc Column 1: List each multicast stream cast stream as "WETA weth A-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi. For the meaning of the Column 4: If the st planation of local servical carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the FCC.	G, identify every system during the control of the	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 the station was carried to the station was carried to the station was station to the period of the station is a network of the station is a network of the station of the stational, of the stational, of the stational of the stations, the stations of the stations of the stational of the stations, the stations, the stations of the stations of the stations of the stations of the stational of the stations of the stations of the stations of the stations of the stational of the stations of the stational of the sta	(1) stations carried the carriage of certain (e) (2) and (4))]; as a carried by your context of the Special Statement of both on a substitution, see page (v) on a program service the er-the-air designation of the television statisticity of the television statisticity of the television statisticity of the television of the television statisticity of the television statisticity, enter "Yestons located in the molecular of the televisions located in the televisions located in the televisions located in the televisions located by enterior to a royalty etween a cable systematic of the primal channel on any of instructions located list the community with	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
Note: If you are utilizing	ig multiple chai			·	спаппетппе-ир.	
	_	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	
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FORM SA3E. PAGE 3.						,	
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma	1				62227		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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							
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Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AO			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	ramo
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61 (e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for in						
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	a primary transi simulcasts, also iree categories, e location of ea Canadian statio	mitter or an as benter "E". If see page (v) ch station. Fo ns, if any, givenel line-ups,	ssociation repre you carried the of the general i r U.S. stations, e the name of th	esenting the primar channel on any ot instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the which the station is identifed.	
	0 DIO40T					
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.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO)N				
In General: In space of carried by your cable is FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas 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-Simulcast). Column 2: Give the	G, identify every system during the constructions in effect or 6.61(e)(2) and (6.61(e)(2) and	y television stranger y television stranger y television stranger y television y te	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its over be reported in our	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	rentering the lecast), "E" (for neese terms, see ation is outside ce area, see pave entered "Yihe distant staticion on a partial it entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio	etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the a me basis becar multicast streen or or before Ju mitter or an ar- co enter "E". If , see page (v) ich station. Fo	etwork), "N-M" (I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting that is not a sam that is not some 30, 2009, be association repreyou carried the pof the general in U.S. stations, at the name of the second in th	for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, io d. Indicate by en- ictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
Note: If you are utilizing	ig manipic chai		·	<u>'</u>	charmer inte-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	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
City of Tacoma					62227	-
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
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		CHANN	EL LINE-UP	AR		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	HOMBER	017(11014		(II Distant)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
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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, giv	of the general in the state of the name of the name of the tree of	instructions locate list the community ne community with	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AS		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma	<u> </u>				62227		
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				•	which the station is identifed.		
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AT			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma	1				62227		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
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	a DIO.4.0T			-			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
0.0.1	NUMBER	STATION	(100 01 110)	(If Distant)			
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FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma					62227		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
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		CHANN	EL LINE-UP	AV			
1. CALL SIGN	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma					62227		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space — Dut do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here in space — Dut do list it in space I (the Special Statement and Program Log)—if the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by our cable system carried the letter 'N' (for network), "N-M" (for network multicast), "I' (for independent)," I'-M" (for indep							
		CHANN	EL LINE-UP	AW			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			
					<u> </u>		
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62227 City of Tacoma 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 LOCATION OF STATION AM or FM S/D AM or FM S/D **KNKX** 88.5F **TACOMA KUOW SEATTLE** 94.9F **KVRQ** 98.9F **SEATTLE KCMS** 105.3F Χ **EDMONDS** KKWF SEATTLE 100.7F **KPLZ** 101.5F X SEATTLE **KJRF** 95.7F X **SEATTLE KXXO** 96.1F Χ **OLYMPIA** KIRO 97.3F Х **TACOMA** KRWM 106.9F Х **BREMERTON** KUBE 93.3F **SEATTLE** KVTI 90.9F **TACOMA** KING 98.1F X **SEATTLE KUPS** 90.1F **TACOMA**

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2019/1
LEGAL NAME OF OWNER OF City of Tacoma	CABLE SYST	ГЕМ:					S	YSTEM ID# 62227	Name
SUBSTITUTE CARRIAGE In General: In space Lident					n that vour	cable	svstem c	arried on a	ı
substitute basis during the average explanation of the programm 1. SPECIAL STATEMENT	In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
During the accounting per broadcast by a distant state	tion?	-	•	-			Yes	XNo	Special Statement and 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."	E PROGRA titute progra ce, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static adian s	IMS Im on a separa attach addition nnetwork telev ion and that you or authorization it use general of BA Basketball: dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	te line. Use abbreviations al pages. ision program (substitute pour cable system substitute so See page (vi) of the generategories like "movies", or 76ers vs. Bulls." refes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ded by a system from 6:01:	wherever pos rogram) that, d for the prog eral instructio "basketball". lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y ; enter the let	during the gramming on slocated List spectonsed by the hitified). List the tiles:30 p.m. our system ter "P" if the	eir me e acco of ano d in the ific pre ne FC0 , with mes a should	eaning is punting other static e paper ogram C or, in the month accurately d be required ed pro	on h	
S	UBSTITUT	E PROGRAM	1	1 1	EN SUBS			7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIME:	S TO	DELETION	
						-=			
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
City of Tacoma
SYSTEM ID#
62227

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Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Cit	ty of Tacoma	62227	Name						
Inst all a (as	ROSS RECEIPTS structions: The figure you give in this space determines the form you fle and the amount you pay. I amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans identified in space E) during the accounting period. For a further explanation of how to compute the ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	smission service	K Gross Receipts						
IMP	during the accounting period.	1,971,107.44 nount 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.									
	eart 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered ock 3 below.	on line 1 of							
	part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on below.	line 2 in block							
	part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be enternal block 4 below.	ered on line							
Block 1	least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K	percent of the							
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.								
	This is your minimum fee.	20,972.58							
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the informatic space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you n "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? X Yes—Complete the DSE schedule. 	nust check							
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	20,972.58							
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00							
	Line 3. Add lines 1 and 2 and enter here \$	20,972.58							
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	·	Cable systems submitting						
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	additional deposits under Section 111(d)(7) should contact						
	Line 4. FILING FEE. \$	725.00	the Licensing additional fees. Division for the						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	21,697.58	appropriate form for submitting the additional fees.						
	EFT Trace # or TRANSACTION ID #								
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page general instructions located in the paper SA3 form and the Excel instructions tab for more								

Name	LEGAL NAME OF OWNER OF CA	BLE SYSTEM:	SYSTEM ID#							
Name	City of Tacoma		62227							
	CHANNELS									
M		give (1) the number of channels on which the cable system carried television broadcast	t stations							
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Onamieis	1. Enter the total number of channels on which the cable									
	system carried televisio	n broadcast stations	45							
	Enter the total number on which the cable syst	or activated channels em carried television broadcast stations								
	=	Ces	438							
			_							
N	INDIVIDUAL TO BE CO	NTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
Individual to	we can contact about this	statement of account.)								
Be Contacted										
for Further	Name Pam Burge	PSS Telephone	253-502-8015							
Information										
	Address 3628 S. 35									
		ural route, apartment, or suite number)								
	Tacoma, W (City, town, state,									
	Email pb	urgess@click-network.com Fax (optional)								
•	CERTIFICATION (This sta	tement of account must be certifed and signed in accordance with Copyright Office reg	gulations.							
O Certifcation	• I the undersigned hereb	certify that (Check one, but only one, of the boxes.)								
Certification	i, the undersigned, hereb	reeting that (offect one, but only one, of the boxes.)								
	(Owner other than cor	poration or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or							
		than corporation or partnership) I am the duly authorized agent of the owner of the cable and that the owner is not a corporation or partnership; or	e system as identified							
	(Officer or portner)	m an afficiar (if a corporation) or a nathor (if a nathorabia) of the legal antity identified as a	wher of the cable aveter							
	in line 1 of space B	m an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as or	wher of the cable system							
	I have examined the state	ment of account and hereby declare under penalty of law that all statements of fact contain	ned herein							
	are true, complete, and co	rrect to the best of my knowledge, information, and belief, and are made in good faith.								
	[18 U.S.C., Section 1001(1	986)]								
		/S/ TENZIN GYALTSEN								
	Ente	er 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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus								
			o companionity contings.							
	Тур	ed or printed name: Tenzin Gyaltsen								
	Title	e: General Manager (Title of official position held in corporation or partnership)								
		Company Compan								
	Dat	e: August 9, 2019								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
City of Tacoma	62227	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 a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system is service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to For more information on when to exclude these amounts, see the note on page (vii) of the general instrupaper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	for the basic not include sub- section 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	terest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further as contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ssistance please	
** 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 Copyriging please list below the owner, address, first community served, accounting period, and ID number as give 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 the electric content of the test of the post-	

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 o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	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 CABI	LE SYSTEM:			S	STEM ID#					
1	City of Tacoma					62227					
	SUM OF DSEs OF CATEGO • Add the DSEs of each static Enter the sum here and in line	n.			1.00						
	Instructions:										
2 Computation of DSEs for	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"	moretal outdational ottation, g										
Stations	CALL SIGN	DSE	CATEGORY "O" STATION CALL SIGN	DSE	CALL SIGN	DSE					
Otations	CBAT	1.000	O/ IEE OIGIV	DOL	O/ LE CIOIT	DOL					
Add rows as necessary. Remember to copy											
all formula into new											
rows.											
		····		· ······							
		···		·							
		<u></u>				 					
		···									
				· · · · · · · · · · · · · · · · · · ·							
		<u></u>		<u>.</u>		 					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma							62227	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3. N JRS C ED BY S	UMBER OF HOURS TATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYP		SE	
						х			
				=					
						x x			
						x			
			÷	=	=	x	=		
			÷ ÷			x x	<u>=</u>		
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,									
Computation of DSEs for Substitute-Basis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted								
		SUI	BSTITUTE-BAS	S: COMPUTA	: COMPUTATION OF DSEs				
	1. CALL 2 SIGN	. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		÷		=			÷	=	
		÷		=		÷ -			
		÷	=			÷ =		=	
		÷		=			÷	=	
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,								
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the tota number of DSEs applicable to your system. 1. Number of DSEs from part 2 ●								
	S. Manibol of De					-			
	TOTAL NUMBER (OF DSEs					<u> </u>	1.00	

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

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID# 62227	Name
Instructions: Blo		nleted						<u> </u>	
In block A:			oort 6 and nort	7 of the DSE coh	adula blank a	ad complete pe	ort 9 (nago 16) of	: the	6
schedule.		•	•	7 of the DSE sche	edule blank al	na compiete pa	art 8, (page 16) or	ine	0
If your answer if	"No," complete blo			TELEVISION M	ARKETS				Computation of
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24,		schedule—[OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
_	olete blocks B and		30 110 1 00 M		, iii (BEICOL)	7.11.1 0 7.11.12 7			
			CK B. CARR	IAGE OF PERI	MITTED DS	SFe			
Column 1:	List the call signs			part 2, 3, and 4 o			tem was permitte	d to carry	
CALL SIGN	under FCC rules	and regulations and regulation	ons prior to Ju dule. (Note: T	ne 25, 1981. For for he letter M below r	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	asis on which you o elow pertain to tho arket quota rules [7	se in effect o	n June 24, 198		y tc	
67 W W W 162	B Specialty stati C Noncommeric D Grandfathered	cal educational distant	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	instructions for	ant to individ	ual waiver of F	, ,	aia muianta l	OF 1001			
	•	JHF station w	/ithin grade-B	ne or substitute ba contour, [76.59(d)(eam.	•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
	tilis scricudic to	determine the							
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
CBAT	A	1.00	SIGN	BASIS		SIGN	BASIS		
								1.00	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			-	1.00	
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove				1.00	
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply I	line 4 by 0.0375	and enter su	um here						partially permited/ partially
Line 6: Enter tota	al number of DC	Ee from line	3				х	_	nonpermitted carriage? If yes, see part
Line o. Enter tota	ai number of DS	LS HUITI IIIIE	٠					<u> </u>	9 instructions.
Line 7: Multiply I	line 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma 62227									
			BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			_
	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee
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		1		I	1			<u> </u>	I	

Name	LEGAL NAME OF OWN City of Tacoma		SYSTEM:						S	498TEM ID# 62227				
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fr A—Part-time sp 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Compan in block	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of carcor call programming: (d)(1),76.61(e) rogramming: (e)(3)). Carriage under all instructions the station's Eather DSE figures. B, column 3 coinformation you call sign of the DSE figures.	1981, under former ch distant station his station for a sing period and year arriage on which the regulations cited by mining: Carriage, (1), or 76.63 (refectarriage under FC certain FCC rules, in the paper SA3 DSE for the current ures listed in column of part 6 for this state ungive in columns.	er FCC rules go- identifed by the ngle accounting in which the can the station was o elelow pertain to on a part-time b erring to 76.61(e C rules, section eregulations, or form. t accounting pe nation. 2, 3, and 4 mus	veri lett per rriage tho pasi:)(1) is 7 aut	entifed by the letter "F" ning part-time and sub ter "F" in column 2 of priod, occurring between ge and DSE occurred ried by listing one of the se in effect on June 24 s, of specialty program)). 6.59(d)(3), 76.61(e)(3) thorizations. For furthe d as computed in parts t the smaller of the two see accurate and is subjections.	stitute carri part 6 of the n January 1 (e.g., 1981, e following I, 1981, aming unde n, or 76.63 (r explanation 2, 3, and 4 o figures he	age. DSE schedule 1978 and Jun 1) letters r FCC rules, se referring to on, see page (v of this schedule re. This figure	ene 30, 11 ections vi) of the should be	981 pe enterei				
		PERMITT	ED DSE FOR STA	ATIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS						
	1. CALL	1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE DSE												
	SIGN	DSE	Г	ERIOD		CARRIAGE		JSE		DOE				
					ļ									
					ļ									
									•••••					
7 Computation of the Syndicated	,	"Yes," comple	ete blocks B and C ocks B and C blar	nk and complete		art 8 of the DSE sched								
Exclusivity														
Surcharge	l <u> </u>	•		jor television mai	rket	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?				
	X Yes—Complete	blocks B and	C .			No—Proceed to	part 8							
	BLOCK B. C.	arriage of VHE	-/Grade B Contou	r Stations		RI OCK	C: Compi	Itation of Exem	nt DSE					
	Is any station listed in commercial VHF stati or in part, over the ca	block B of pa	rt 6 the primary st	ream of a		Was any station listed nity served by the cab to former FCC rule 76	in block B le system p	of part 7 carrie	d in any	commu-				
	Yes—List each s X No—Enter zero a		th its appropriate pe	rmitted DSE		Yes—List each st X No—Enter zero a			ate permi	itted DSE				
	X NO—Liner zero a	and proceed to p	Jan o.			X NO—Enter Zero a	na proceea i	o part o.						
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE				
			• • • • • • • • • • • • • • • • • • • •	-										
			TOTAL DSEs	0.00			_	TOTAL DS	SEs	0.00				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: City of Tacoma	SYSTEM ID# 62227	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,971,107.44	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

	City of Tacoma	62227
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. \$	
You m 6 was In blo If you blank What i	nust 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. but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to. but a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local"	
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
• Did v		
	Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
Section 1	Enter the amount of gross receipts from space K (page 7)	
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	_
Section 3	B. Enter 0.00701 of gross receipts (the amount in section 1)	
	Instru You m 6 was In blo If you If you blank What were I service Did y Section 1 Section 2	A. Enter 0.00300 of gross receipts (the amount in section 1)

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DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/1

	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
City	f Tacoma	62227	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) **State Comparison of C		8
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
	C. Multiply line B by 3.000 and enter here >	_	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channed.		9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
exclusi	on, you must:		Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for	the number of	and Syndicated Exclusivity Surcharge
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	tion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lought the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note th will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups		tem's subscriber	
	section: fy the communities/areas represented by each subscriber group.		
• Give	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al bers in the group.	of the	
• lf:		1 . 2 . 2	
and 4 d	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in If this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b	•	
part	6 of this schedule.	= 1	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
in the	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is paper SA3 form.		
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee	at is, the total	

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62227 City of Tacoma Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

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LEGAL NAME OF OWN	IER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name		
-		COMPLITATION		TE FEES FOR EAC		IDED CDOLLD	QLLL I			
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	COMMUNITY/ AREA0					
	l por	II CALL CION	T DOE	CALL CION		T OALL SION	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>		<u></u>				<u> </u>			
Total DSEs		<u> </u>	0.00	Total DSEs		1	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			
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GRO	UP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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				-						
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	••••	-	···	-						
	<u>.</u>									
T-+-! D0F-			0.00	T-4-1 DOE-			0.00			
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			
				<u>II</u>						
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$	0.00			
	. ,									

DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group \$ 0.00 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	EGAL NAME OF OWNER OF CAC	BLE SYSTEM:				S	YSTEM ID# 62227	Name
COMMUNITY/ AREA 0 Computation O Computation O O Computation O O Computation O O O O O O O O O	BLOCK A	: COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
DSE		H SUBSCRIBER GRO				SUBSCRIBER GROU		a
DSE	COMMUNITY/ AREA		0	COMMUNITY/ ARE				
and Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP REA 0 COMMUNITY/ AREA 0	CALL SIGN DSE	CALL SIGN	DSE	H			DSE	
Syndicated Exclusivity Surcharge for Partially Distant Stations								Base Rate Fe
Exclusivity Surcharge for Partially Distant Stations Total DSEs O.00 First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP REA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0								
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Partially Distant Stations			•••				•••••	
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0.00								Distant
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First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP REA 0 COMMUNITY/ AREA 0			 		·····			
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP REA 0 COMMUNITY/ AREA 0								
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP REA 0 COMMUNITY/ AREA 0								
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP REA 0 COMMUNITY/ AREA 0								
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP REA 0 COMMUNITY/ AREA 0								
First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP REA 0 COMMUNITY/ AREA 0	Total DSEs		0.00	Total DSEs			0.00	
SEVENTH SUBSCRIBER GROUP REA 0 COMMUNITY/ AREA 0	Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
REA 0 COMMUNITY/ AREA 0	Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENT	H SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GROU	JP	
DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA		0	COMMUNITY/ ARE				
	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			 		·····			
			···					
	Total DSEs		0.00	Total DSEs			0.00	
Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWN City of Tacoma	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
	NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
	<mark>.</mark>		<u></u>					Syndicated
			<u></u>					Exclusivity Surcharge
			····	·				for
								Partially
								Distant
								Stations
			<u></u>					
	···	-			·····			
	···		···		•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	·	·				·		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO)UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-						
					<u></u>			
			<u></u>					
			0.00				0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc	he base ra	te fees for each subs				\$	0.00	

LEGAL NAME OF OW City of Tacoma	NER OF CABL	LE SYSTEM:				S	YSTEM ID# 62227	Name			
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP H SUBSCRIBER GRO	UP	9			
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of			
								Base Rate Fee and			
		-						Syndicated			
				-				Exclusivity Surcharge			
		-						for			
								Partially Distant			
								Stations			
		-					<u></u>				
Total DSEs		!	0.00	Total DSEs			0.00				
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00				
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00				
COMMUNITY/ AREA		SUBSCRIBER GRO	JP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	UP 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
					····						
					····		<u></u>				
		-									
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00				
Base Rate Fee Third	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 OWNE	R OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
BI	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCE	RIBER GROUP		
	NTEENTH	SUBSCRIBER GRO		III		SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<mark>.</mark>							and
								Syndicated
						-		Exclusivity Surcharge
		-	···			•		for
								Partially
								Distant
	<mark>.</mark>		<u></u>					Stations
		<u> </u>						
	<u> </u>		····		·····			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 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	
NII	NTEENTH	SUBSCRIBER GRO)UP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
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	<mark>.</mark>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Froup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.000 Roodpto Tilliu C	oup		<u> </u>	S. S	Этойр	*		
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE City of Tacoma	R OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
BL	OCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC				
TWENT	Y-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>					and Syndicated
			<u></u>		••••••••••			Exclusivity
								Surcharge
								for
			<u></u>					Partially
			<u></u>					Distant Stations
			<u> </u>		•••••			Otations
			<u></u>					
			<u></u>					
Total DSEs		<u> </u>	0.00	Total DSEs		11	0.00	
		•	0.00		and Crave	•	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GRO	UP	TWEN	TY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
					•••••			
								
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227								
TWE	ENTY-FIFTH	COMPUTATION OF SUBSCRIBER GRO	JP	11	ENTY-SIXTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
					••••			Syndicated
								Exclusivity
			<u></u>					Surcharge for
								Partially
		-						Distant Stations
								Otations
		-						
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	: Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		III		SUBSCRIBER GRO		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
						-		
			<u> </u>		····	.		
		-						
		-	 				<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts 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: City of Tacoma SYSTEM ID# 62227								
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROI	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 and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
					····			Distant Stations
Total DSEs	_	·	0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	UP 0	THIRT		SUBSCRIBER GRO	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 Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227								
TH	IRTY-THIRD	COMPUTATION OF SUBSCRIBER GRO	UP	11	ΓY-FOURTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
		-						Distant Stations
								Otations
		-						
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO		iii —		SUBSCRIBER GROU		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
						-		
						.		
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	R OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
BI	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
THIRTY-	SEVENTH	SUBSCRIBER GRO		THI	RTY-EIGHTH	I SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
	<u> </u>	H						for
								Partially
								Distant
	<mark>.</mark>							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	
THIR	TY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
	<u> </u>							
	··	-	···					
	<u> </u>	-						
	<mark>.</mark>							
Total DSEs			0.00	Total DSEs			0.00	
	Proup	¢	0.00		rth Group	¢	0.00	
Gross Receipts Third C	νιοαρ	\$	0.00	Gross Receipts Fou	rai Gioup	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC				
	TY-FIRST	SUBSCRIBER GRO		ii e		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>							Syndicated
	<u></u>							Exclusivity
	<mark></mark>		<u></u>					Surcharge for
	··			·				Partially
								Distant
								Stations
	<u></u>							
	<u></u>							
	<mark></mark>		<u></u>					
	-							
Total DSEs		Ш	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	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FOR	TY-THIRD	SUBSCRIBER GRO	DUP	11		SUBSCRIBER GROU	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>	H					····	
	<u></u>							
	<mark></mark>		<u></u>					
	<mark></mark>	<u> </u>		-				
				·	·····			
	<u>-</u>	H					····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	- ·	· ·			2.0up	<u>*</u>		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in block			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OW City of Tacoma	NER OF CABL	LE SYSTEM:				S	YSTEM ID# 62227	Name
FC	ORTY-FIFTH	COMPUTATION OF SUBSCRIBER GRO	UP	II	ORTY-SIXTI	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
								Exclusivity
	·····							Surcharge for
								Partially
	<u></u>	-						Distant Stations
								Otations
		-						
					····			
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		ii e		SUBSCRIBER GRO		
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	-						
		-						
						-		
					····	.		
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	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 OWN City of Tacoma	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
E	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RTY-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
		-						Syndicated
			<u></u>					Exclusivity
			···		·····			Surcharge for
	···			·	·····			Partially
								Distant
								Stations
								
	<u></u>		···		·····			
							0.00	
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	
FII	TY-FIRST	SUBSCRIBER GRO	UP	FIF	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			···		·····			
	···		···	·	·····			
			<u></u>					
			<u></u>					
			···		·····			
	···		···	·	·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
FIF	TY-THIRD	SUBSCRIBER GRO		FIF	TY-FOURTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O'TEE O'O'T	DOL	CALL GIGIT	DOL	ONEE OIOIV	DOL	ONEE GIGIT	DOL	Base Rate Fee
								and
								Syndicated
			<u></u>					Exclusivity
		-						Surcharge
						-	<u></u>	for
								Partially Distant
			···		·····	-		Stations
		-	······································		•••••	<u> </u>		
						ļ		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec				
•	·				•	\$		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIF	TY-FIFTH	SUBSCRIBER GRO	UP	l I	FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
								
						 		
						 		
			<u></u>		•••••			
			<u></u>					
			<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	rth Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OW City of Tacoma	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227								
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	0	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	A		0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee and	
		-						Syndicated	
								Exclusivity Surcharge	
		-						for	
								Partially Distant	
								Stations	
							<u></u>		
Total DSEs		!	0.00	Total DSEs			0.00		
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00		
COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP 0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
							<u></u>		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	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.	\$			

EGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227								Name
SIX		COMPUTATION OI SUBSCRIBER GRO	UP	III	TY-SECONE	RIBER GROUP 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
		<u> </u>			••••••••••••			Surcharge for
								Partially
								Distant Stations
								Otations
		ļ						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	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	
	TY-THIRD	SUBSCRIBER GRO		iii —		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			······································					
		-						
								
			0.00				0.00	
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227								Name
				ATE FEES FOR EAC				
SIX COMMUNITY/ AREA	(TY-FIFTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	JP 0	9
COMMUNITY AREA				COMMUNITY AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u> </u>		<u></u>			Base Rate Fee
		 						and Syndicated
			<u> </u>		<u></u>			Exclusivity
								Surcharge
	···		<u> </u>		<u></u>			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	
SIXTY-	SEVENTH	SUBSCRIBER GRO		SIX	TY-EIGHTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>						
			<u> </u>		<u></u>			
		 						
		ļ	<u> </u>					
	···		<u> </u>		<u></u>			
			······································		<u></u>			
				-	<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
	Group	•	0.00		th Croup	•	0.00	
Gross Receipts Third (отоир	\$	0.00	Gross Receipts Fourt	ii Gioup	\$		
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			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN City of Tacoma	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	TY-NINTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	ITY-FIRST	SUBSCRIBER GRO	UP	SEVEN	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···	-						
		-						
			•••••••••••••••••••••••••••••••••••••••		••••			
			···	·				
Total DSEs	•		0.00	Total DSEs	1		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			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNI	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# City of Tacoma 62227								
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP			
SEVEN	TY-THIRD	SUBSCRIBER GRO	UP	SEVEN	TY-FOURTH	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	
		-				-		and	
		-						Syndicated	
	···						<u></u>	Exclusivity	
						-		Surcharge for	
						-		Partially	
					••••	-		Distant	
								Stations	
						-	<u></u>		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00		
Oloss Necelpts I list C	лоцр	4	0.00	Gross Receipts Sect	ліа Огоар	•	0.00		
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00		
	ITY-FIFTH	SUBSCRIBER GRO		ii		SUBSCRIBER GROU	JP 0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
									
						-			
			<u> </u>		••••				
							<u> </u>		
					<u>.</u>		<u></u>		
							<u> </u>		
Total DSEs			0.00	Total DSEs	•		0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227								Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	EVENTH	SUBSCRIBER GROL		Ti .	Y-EIGHTH	SUBSCRIBER GROU	Р	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>	-		
Total DSEs			0.00	Total DSEs	1	Ш	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-NINTH	SUBSCRIBER GROU	JP	11	EIGHTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u>.</u>			
								
					-	-		
		-				-		
		-						
					<u>.</u>			
					<u>.</u>			
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC				
EIGH	ITY-FIRST	SUBSCRIBER GRO		ii		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
	···				·····			Syndicated Exclusivity
		H						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 Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGH	TY-THIRD	SUBSCRIBER GRO	UP	EIGH	ITY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		H						
		·	···		••••			
			<u></u>		<u></u>			
	···	H			·····			
	•••••••••	-			••••	•		
		<u> </u>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	·				·F	·		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OW	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62227								
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU	UP	9	
COMMUNITY/ AREA	٠		0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
				-				Base Rate Fee and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant Stations	
								Otations	
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 GROU		II		SUBSCRIBER GROU			
COMMUNITY/ AREA	······		0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
						.			
					····				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227								Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GROU			NINTIETH	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
							<u>.</u>	Stations
							<u></u>	
			 				<u>.</u>	
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	Y-FIRST	SUBSCRIBER GROU		11	/-SECOND	SUBSCRIBER GROU	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							 	
							<u>-</u>	
							<u></u>	
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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 City of Tacoma	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227							
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	Y-THIRD	SUBSCRIBER GROL		Ti .	Y-FOURTH	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						_		and
							<u>.</u>	Syndicated
							-	Exclusivity
		-					-	Surcharge for
							<u>.</u>	Partially
						-	<u></u>	Distant
								Stations
							<u>.</u>	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-FIFTH	SUBSCRIBER GROL	JP	11	ETY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
NINETY-	SEVENTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
					<u></u>			Syndicated
	<u></u>				<u>.</u>			Exclusivity
		<u> </u>	 		<u>.</u>			Surcharge for
								Partially
								Distant
								Stations
	<u></u>				<u>.</u>			
	<u></u>							
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					••••			
Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
		_						
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GRO	UP	ONE H	IUNDREDTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>.</u>			
	<u></u>				·····			
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP	ONE HUNDR	ED SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
	<mark></mark>					 		Syndicated
			<u></u>					Exclusivity Surcharge
	··		···					for
••••••	<u>-</u>		······································		····	-		Partially
								Distant
								Stations
	<u> </u>							
	<u></u>							
	<mark></mark>					-		
			····		·····			
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	
		SUBSCRIBER GRO				SUBSCRIBER GROU	I.	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
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			····			-		
			···			-		
			•••			-	····	
	<mark></mark>					-		
	<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 the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE	R OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDR	ED FIFTH	SUBSCRIBER GRO	UP	ONE HUNI	DRED SIXTH	I SUBSCRIBER GROU	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	·		······································					Syndicated
	·				••••			Exclusivity
								Surcharge
		<u> </u>						for
		-						Partially
	<mark>.</mark>							Distant Stations
				·				Stations
			•		••••			
	<mark>.</mark>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED S	SEVENTH	SUBSCRIBER GRO	UP	ONE HUNDE	RED EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_					<u></u>	
	<u>-</u>							
	·	-			••••			
	<mark>.</mark>							
	<u>.</u>		······································			-	····	
		_						
	<u>.</u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Proup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
		<u>·</u>				<u></u>		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE	R OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
BL	OCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GRO		ONE HUND	RED TENTH	I SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
		 						Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
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			···					
Total DSEs		<u> </u>	0.00	Total DSEs		Ц	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	EVENTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			···					
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWI	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62227								
ONE HUNDRED TH	HIRTEENTH	COMPUTATION OF SUBSCRIBER GROU	JP	11	URTEENTH	RIBER GROUP I SUBSCRIBER GRO		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
					<u> </u>			Base Rate Fee and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
		-						Distant Stations	
								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 GROU		iii .		SUBSCRIBER GROU	UP -		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-							
					<u></u>				
					<u></u>				
		-							
					<u></u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts 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			riber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227								Name
	VENTEENTH	COMPUTATION OF SUBSCRIBER GRO	JP	ii —	IGHTEENTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ ARE	.A		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					····			Base Rate Fee
			<u>.</u>		·····			and Syndicated
								Exclusivity
			<u></u>					Surcharge
			<u>.</u>		·····			for Partially
								Distant
					····			Stations
			·					
					·····			
Total DSEs	-	•	0.00	Total DSEs	•		0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee Firs		\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO		ii e		SUBSCRIBER GRO		
COMMUNITY/ ARE	.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>					
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	rd Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Ad Enter here and in bl			criber group	as shown in the boxes	s above.	\$		
İ	. ,							

LEGAL NAME OF OWNE	R OF CABL	E SYSTEM:				SI	STEM ID# 62227	Name
				TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROU				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
		-	 		<u></u>	-	<u> </u>	and
							<u> </u>	Syndicated Exclusivity
					····	 		Surcharge
								for
								Partially
								Distant
						-		Stations
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		Ħ		SUBSCRIBER GROUP		
COMMUNITY/ AREA			COMMUNITY/ AREA				0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						 		
						-		
						-		
						-	<u> </u>	
						-		
		-						
						1	<u> </u>	
Total DSEs	l I		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
BI	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROUI	P	ONE HUNDRED TV	WENTY-SIXTH	SUBSCRIBER GROUP)	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
			<u></u>	·				Syndicated
		-						Exclusivity
								Surcharge
		-	<u> </u>					for
	<u> </u>		<u></u>					Partially Distant
	··				·····			Stations
		-	······································					
			<u> </u>					
			<u></u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Cross reserve riner e	поир			ll cross resolpts see	ona Group			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROUI	P	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	1	
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>					
		-	<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	
							$\overline{}$	
Base Rate Fee Third (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.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A: (COMPUTATION O	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	NTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	D THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u> </u>					Base Rate Fee
	<u></u>	_					<u></u>	and
								Syndicated Exclusivity
	<u></u>		······································		••••			Surcharge
								for
	<u></u>					-		Partially
	<mark></mark>							Distant
	···							Stations
				·				
		-						
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Froup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED THI	RTY-SECONE	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
	<u></u>		<u> </u>					
	··							
		-						
	<u></u>						<u></u>	
	···	-	······································					
	···	-	······································		••••			
Total DSEs			0.00	Total DSEs			0.00	
		•			oth Cons	•	_	
Gross Receipts Third (oup	\$	0.00	Gross Receipts Four	ші Сгоир	\$	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 OWN	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED THI	RTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TH	IRTY-FOURTH	I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated Exclusivity
						-		Surcharge
								for
								Partially
						-		Distant
			<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	
	IRTY-FIFTH	SUBSCRIBER GROU		ii –		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		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 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	es above.	\$		

LEGAL NAME OF OW City of Tacoma	NER OF CABL	LE SYSTEM:				S	YSTEM ID# 62227	Name
ONE HUNDRED THIR	TY-SEVENTH	COMPUTATION OF SUBSCRIBER GROUP		ii e	RTY-EIGHTH	RIBER GROUP	0	9
COMMUNITY/ AREA	Α		<u>U</u>	COMMUNITY/ AREA			U	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	t Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii .		I SUBSCRIBER GROU		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u></u>			
								
	·····			-				
								
					<u></u>			
								
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-SECONI	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 Syndicated
				·	·····			Exclusivity
								Surcharge
								for
	<mark>.</mark>							Partially
								Distant Stations
		H	···					Otations
					·····			
Total DSEs			0.00	Total DSEs		-11	0.00	
Gross Receipts First G	iroun	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Cross rescipts i not e	лоир	•	0.00	Cross receipts eee	ond Group			
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	RTY-THIRD	SUBSCRIBER GROU		11		SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
	···		···					
				·				
	<mark></mark>							
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
D D C T C C C C C C C C C C	2		0.00				2.22	
Base Rate Fee Third	JIOUP	\$	0.00	Base Rate Fee Fou	ıın Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN City of Tacoma	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
B	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROU	Þ	ONE HUNDRED	FORTY-SIXTH	I 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 Fee
								and
						-		Syndicated
	····		<u></u>			<u> </u>	<u></u>	Exclusivity
	···		···			-		Surcharge for
			<u></u>			+		Partially
								Distant
								Stations
						<u> </u>		
			<u> </u>					
	<mark></mark>		<u></u>					
Total DSEs			0.00	Total DSEs		Щ	0.00	
Gross Receipts First 0	anon .	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
oroso resorpto i not e	лоцр	•		Cross rescipto ess	ond Group	<u>*</u>		
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED FORTY	/-SEVENTH	SUBSCRIBER GROUI		11		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>			-		
	<mark></mark>		<u></u>					
			<u>-</u>			1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227								Name
ONE HUNDRED FO	RTY-NINTH	COMPUTATION OF SUBSCRIBER GROU	JP	11	D FIFTIETH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
					····			Surcharge for
								Partially
								Distant Stations
								Gtations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	: Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU		İ		SUBSCRIBER GROU		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						.		
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	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	above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
BI	LOCK A: (COMPUTATION O	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO				I SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
		-			•••••			Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
	·-	_	······································					Stations
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·-		···					
	·		······································		••••		····	
					•••••			
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
S. 500 Mossiple Mild C	J. 04p				Отоир	*		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OW City of Tacoma	NER OF CABL	LE SYSTEM:				S	YSTEM ID# 62227	Name
ONE HUNDRED FIF	TY-SEVENTH	COMPUTATION OF SUBSCRIBER GROUP	1	TT .	IFTY-EIGHTH	RIBER GROUP I SUBSCRIBER GROUP		9
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
	·····							Syndicated
								Exclusivity
	<u></u>	-			<u></u>			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	
ONE HUNDRED	FIFTY-NINTH	SUBSCRIBER GROUP	ı	ONE HUNDR	ED SIXTIETH	H SUBSCRIBER GROUP)	
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····				 			
					-			
		-						
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

City of Tacoma 62227								
В				TE FEES FOR EAG				
000000000000000000000000000000000000000	FIRST	SUBSCRIBER GRO		001414111111111111111111111111111111111		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE		of
								Base Rate F
	<mark></mark>							and
	<mark></mark>					-		Syndicated
	. 					-		Exclusivity Surcharge
		 				-		for
								Partially
								Distant
						<u></u>		Stations
	<mark></mark>					-		
			···				<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	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
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						-	<u></u>	
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							<u></u>	
		-						
Fotal DSEs		П	0.00	Total DSEs		Ш	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	P	·						
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u> </u>				

LEGAL NAME OF OWNER City of Tacoma	R OF CABL	LE SYSTEM:				S	YSTEM ID# 62227	Name
BL				TE FEES FOR EACH				
001111111111111111111111111111111111111	FIFTH	SUBSCRIBER GRO		001111111111111111111111111111111111111		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity Surcharge
					···	-	····	for
								Partially
								Distant
					<mark></mark>			Stations
			<u>.</u>		<mark></mark>	-		
								
			·					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
S	EVENTH	SUBSCRIBER GRO	UP			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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					<mark></mark>			
			<u>.</u>		<mark></mark>	-		
						-		
		-						
Total DSEs			0.00	Total DSEs			0.00	
							-	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
e: Add the	e base rat			as shown in the boxes		\$	0.30	

LEGAL NAME OF OWNER City of Tacoma	R OF CABL	LE SYSTEM:	•			S	YSTEM ID# 62227	Name
BL	OCK A: 0	COMPUTATION O	F BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
	NINTH	SUBSCRIBER GRO			TENTH	I 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
								and
		-						Syndicated
								Exclusivity
			. 				<u> </u>	Surcharge for
								Partially
			<u>-</u>					Distant
		-	••••••••••					Stations
			<u> </u>		<u></u>			
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
EL	EVENTH	SUBSCRIBER GRO	UP		TWELVTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	<u></u>					
			. 		<u></u>		<u></u>	
		-	<u></u>				<u></u>	
			<u> </u>				<u> </u>	
			<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
							•	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

								City of Tacoma
	ID.			TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	KIEENTH	FOU COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	KIEENTH	THIF COMMUNITY/ AREA
Computation				COMMONT IT AREA				COMMONT IT AILA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F							<u> </u>	
and				•••••				
Syndicate Exclusivit	<u></u>			•••••			<u></u>	
Surcharge		-						
for								
Partially								
Distant								
Stations	<u></u>						<u></u>	
	<u></u>						<u></u>	
			<u> </u>					
				•••••			<u></u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroup	Gross Receipts First G
	1							
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	XTEENTH	SI	JP	SUBSCRIBER GROU	FTEENTH	FII
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	····				l			
	0.00			Total DSEs	0.00			Total DSEs
			Group		,	s	Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third G

	62227							City of Tacoma
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	HTEENTH	EIG COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTEENTH	SEVEI COMMUNITY/ AREA
Computation				COMMUNITY AREA				COMMUNITY AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
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	62227	Sì				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE City of Tacoma
				TE FEES FOR EACH				
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Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	-FOURTH	TWENT	JP	SUBSCRIBER GRO	Y-THIRD	TWENT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00							

0 9 Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for	IBER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF	001/ 4. /	
Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge	SUBSCRIBER GROUP	TY-SIXTH	エングレン				
Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge					SUBSCRIBER GROU	TY-FIFTH	
Base Rate Fee and Syndicated Exclusivity Surcharge			COMMUNITY/ AREA	0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge							
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0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

LEGAL NAME OF OWNER City of Tacoma	R OF CABL	E SYSTEM:				S'	YSTEM ID# 62227	Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GROU		İ	HIRTIETH	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
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIRT	Y-FIRST	SUBSCRIBER GROU	JP	THIRTY	-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>	Ш	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	
Fee: Add the	e base rat			as shown in the boxes a		\$		

0 9	ER GROUP UBSCRIBER GROUP	SUBSCRI					
	LIBSCRIBER CROLID		TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
	OBSCRIBER GROOF	FOURTH	THIRTY		SUBSCRIBER GROU	ry-third	THIRT
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE of	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00	0.00	Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
	UBSCRIBER GROUP	Y-SIXTH	THIR	JP	SUBSCRIBER GROU	TY-FIFTH	THIR
0	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00	0.00		Total DSEs	0.00			Total DSEs
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	0.00	roup	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

	62227	S'				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE City of Tacoma
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe							-	
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_	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
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	JP	SUBSCRIBER GROU	FORTIETH		JP	SUBSCRIBER GRO	Y-NINTH	THIRT
D	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
<u> </u>	UP	SUBSCRIBER GROU	-SECOND	FORTY		SUBSCRIBER GROU	TY-FIRST	FOR
0 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	UP	SUBSCRIBER GROU	-FOURTH	FORT)	JP	SUBSCRIBER GROU	ry-third	FOR 1
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
<u></u>	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Name	YSTEM ID# 62227						ER OF CABL	LEGAL NAME OF OWNE City of Tacoma
				TE FEES FOR EACH				
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and Syndicate	<u></u>				<u> </u>			
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	JP	SUBSCRIBER GROU		FOR	UP	\$UBSCRIBER GROU	-	FORTY-S
	•				•		-	FORTY-S
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	FORTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	FORTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	FORTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	FORTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	FORTY-S COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	FORTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	FORTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	FORTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	FORTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	FORTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	FORTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	FORTY-S COMMUNITY/ AREA CALL SIGN
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	DSE O.00	SUBSCRIBER GROU	Y-EIGHTH DSE Group	FOR COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	CALL SIGN	DSE	COMMUNITY/ AREA

62	62	62227	Name
TATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	GROUP)UP	
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		BER GROUP	
RIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP	BER GROUP 0	
RIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP	BER GROUP 0	
RIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP	BER GROUP 0	
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Name	YSTEM ID# 62227	S'				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE City of Tacoma	
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe			<u></u>						
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	TY-SIXTH	FI	UP	SUBSCRIBER GRO	TY-FIFTH	FIF	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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LEGAL NAME OF OWNE City of Tacoma	R OF CABL	LE SYSTEM:				S	YSTEM ID# 62227	Name
				TE FEES FOR EAC				
FIFTY-	SEVENTH	SUBSCRIBER GRO				I SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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otal DSEs		0.00		Total DSEs				
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FIF	TY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

FEES FOR EACH SUBSCRIBER GROUP SIXTY-SECOND SUBSCRIBER GROUP OMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations		JTATION OF BASE R	LOCK A: C	BI
OMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant	COMMUNITY/ A			
CALL SIGN DSE CALL SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant	COMMUNITY/ A	RIBER GROUP	TY-FIRST	SIX
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and Syndicated Exclusivity Surcharge for Partially Distant	CALL SIGN	L SIGN DSE	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant				
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Distant			··	
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otal DSEs	Total DSEs	0.00		Total DSEs
ross Receipts Second Group \$ 0.00	Gross Receipts	0.00	roup	Gross Receipts First G
ase Rate Fee Second Group \$ 0.00	Base Rate Fee	0.00	roup	Base Rate Fee First Gr
SIXTY-FOURTH SUBSCRIBER GROUP		RIBER GROUP	TY-THIRD S	SIXT
OMMUNITY/ AREA	COMMUNITY/ A	0		COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE	CALL SIGN	L SIGN DSE	DSE	CALL SIGN
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otal DSEs	Total DSEs	0.00		Total DSEs
ross Receipts Fourth Group \$ 0.00	Gross Receipts	0.00	Group	Gross Receipts Third G
ase Rate Fee Fourth Group \$ 0.00	Base Rate Fee	0.00	Group	Base Rate Fee Third G

Name	YSTEM ID# 62227					LE SYSTEM:	ER OF CABL	City of Tacoma
	-			TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	KTY-SIXTH	İ		SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe		-						
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	0.00			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	Y-EIGHTH	SIX	UP	SUBSCRIBER GRO	SEVENTH	SIXTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN			DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DOL			
	DSE	CALL SIGN	DSE	CALL SIGN	DOL			
	DSE	CALL SIGN	DSE	CALL SIGN	DOL			
	DSE	CALL SIGN	DSE	CALL SIGN	DOL			
	DSE	CALL SIGN	DSE	CALL SIGN	DOL			
	DSE	CALL SIGN	DSE	CALL SIGN				
	DSE	CALL SIGN	DSE	CALL SIGN	DOL			
	DSE	CALL SIGN	DSE	CALL SIGN	502			
	DSE	CALL SIGN	DSE	CALL SIGN	552			
	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				
		CALL SIGN	DSE					Total DSEs
	0.00	CALL SIGN		Total DSEs	0.00			Total DSEs
		S S				\$	Group	Total DSEs Gross Receipts Third G

# 7 Name								
	ID.			TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	VENTIETH	SE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	I Y-NINTH	SIX COMMUNITY/ AREA
Computati				OOMMONT 1774 CER				OOMMONT 1774 CEA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and Syndicate							<u></u>	
Exclusivit						-	<u></u>	
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			<u> </u>					
	0.00			Total DSEs	0.00			Total DSEs
	Gross Receipts Second Group \$ 0.00		\$ 0.00		iroup	Bross Receipts First G		
	1							
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	'-SECOND			SUBSCRIBER GROU	ITY-FIRST	
	0			COMMUNITY/ AREA	0		COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Fotal DSEs
			Group			\$	Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs Gross Receipts Third C

						LE SYSTEM:	R OF CABL	City of Tacoma
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
	UP	SUBSCRIBER GROU	/-FOURTH	SEVENT	JP	SUBSCRIBER GROU	TY-THIRD	SEVENT
0 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
SE of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
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Exclusivity								
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00_	0.00		ļ	Total DSEs	0.00			Total DSEs
00_	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
00	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
	UP	SUBSCRIBER GROU	ITY-SIXTH	SEVEN	JP	SUBSCRIBER GROU	TY-FIFTH	SEVEN
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
SE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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00	0.00	II	<u> </u>	Total DSEs	0.00		<u> </u>	Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
<u> </u>								

# Name	62227							City of Tacoma
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	SEVENTH	SEVENTY- COMMUNITY/ AREA
Computation				COMMONT IT AREA				COMMONT IT AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						H		
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	Total DSEs 0.00			0.00			Total DSEs	
	Gross Receipts Second Group \$ 0.00		\$ 0.00		Group	Gross Receipts First G		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GRO	ITY-NINTH	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-						
						-		
	0.00			Total DSEs	0.00			Fotal DSEs
	_		Group		_		Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs

LEGAL NAME OF OWNER City of Tacoma	R OF CABL	LE SYSTEM:	•			S	YSTEM ID# 62227	Name
				TE FEES FOR EACH	SUBSCR	RIBER GROUP		
	Y-FIRST	SUBSCRIBER GRO		EIGHT	/-SECOND	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EIGHT	Y-THIRD	SUBSCRIBER GRO	UP	EIGHT	Y-FOURTH	I 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 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	
		a face for each outle		as shown in the boxes a	abovo			

ity of Tacoma						62227	Name
			TE FEES FOR EACH	I SUBSCR	IBER GROUP		
EIGHTY-FIFT	H SUBSCRIBER GRO	OUP	EIG	HTY-SIXTH	SUBSCRIBER GRO	UP	•
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	9 Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
							Base Rate F
							and
							Syndicate
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				••••••••••••			Surcharge
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otal DSEs		0.00	Total DSEs	0.00			
ross Receipts First Group	\$	\$ 0.00		oss Receipts Second Group \$ 0.00			
						0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		-				•	
	H SUBSCRIBER GRO	-			\$ SUBSCRIBER GRO	•	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT		DUP	EIGH			UP	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT	H SUBSCRIBER GRO	DUP 0	EIGH* COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
EIGHTY-SEVENT OMMUNITY/ AREA CALL SIGN DSE DSE Dotal DSEs	CALL SIGN	DUP DSE DOSE O.000	EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO	DSE O.00	
EIGHTY-SEVENT OMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	DUP 0	EIGHT COMMUNITY/ AREA	DSE	SUBSCRIBER GRO	DSE	
EIGHTY-SEVENT OMMUNITY/ AREA CALL SIGN DSE DSE Dotal DSEs ross Receipts Third Group	CALL SIGN CALL SIGN \$	0.00 0.00	EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	DSE Group	SUBSCRIBER GRO	DSE	
EIGHTY-SEVENT OMMUNITY/ AREA CALL SIGN DSE DSE Dotal DSEs	CALL SIGN	DUP DSE DOSE O.000	EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE Group	SUBSCRIBER GRO	DSE O.00	

LEGAL NAME OF OWNER City of Tacoma	R OF CABL	LE SYSTEM:	po.			SY	STEM ID# 62227	Mana
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GROU			NINTIETH	SUBSCRIBER GROUI		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NINFT	Y-FIRST	SUBSCRIBER GROU	JP	NINETY	-SECOND	SUBSCRIBER GROUI	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		SUBSCRIBER GROUP 0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
OALL GIGIT	DOL	O'TEE O'O'T	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	
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T / LD05			0.00	T 1 1 DOT			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	e fees fo		·	Base Rate Fee Fourth as shown in the boxes a	· .	\$	0.00	

LEGAL NAME OF OWNE City of Tacoma	R OF CABI	LE SYSTEM:	po			SY	STEM ID# 62227	Mana
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		H	-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated
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Total DSEs			0.00	Total DSEs		Ш	0.00	
Gross Receipts First Gr	oup	\$ 0.00			ross Receipts Second Group		0.00	
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	ΓY-FIFTH	SUBSCRIBER GROU	JP	NINE	TY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	ı		0.00	Total DSEs	1	H	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	
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Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

# 7 Name	<u> </u>							City of Tacoma
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	Y-EIGHTH	NINET COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	SEVENTH	NINETY-
Computation				COMMUNITY AREA				COMMUNITY AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
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Syndicate Exclusivit								
Surcharge								
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	0.00			Total DSEs	0.00			otal DSEs
	Gross Receipts Second Group \$ 0.00		\$ 0.00		Group	Gross Receipts First G		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
	JP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GRO	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
	-		Group			- S	Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs Gross Receipts Third (

LEGAL NAME OF OWNER City of Tacoma	R OF CABL	LE SYSTEM:				S	YSTEM ID# 62227	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
	D FIRST	SUBSCRIBER GRO		ONE HUNDRE	D SECOND	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
								and
								Syndicated
								Exclusivity
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Total DSEs	 		0.00	Total DSEs	-			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	-
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GRO	UP	ONE HUNDRE	D FOURTH	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	1 1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourtl	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
	· - 1*	<u>, </u>	2.50			L'	3.30	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

EGAL NAME OF OWNER OF City of Tacoma	CABLE SYSTEM:				S	YSTEM ID# 62227	Name
BLOCK	A: COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FI	TH SUBSCRIBER GRO	OUP	ONE HUND	ORED SIXTH	I SUBSCRIBER GRO	JP	0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	9 Computation			
CALL SIGN DS		DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fee
							and
							Syndicated
							Exclusivity
							Surcharge
						<u></u>	for
		·····		<mark></mark>			Partially
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Total DSEs		0.00	Total DSEs		11	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$		
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Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED SEVEN	TH SUBSCRIBER GRO	OUP	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
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Total DSEs		0.00	Total DSEs			0.00	
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Gross Receipts Third Group	\$	0.00	Gross Receipts Four	ui Group	\$	0.00	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
\$			Gross Receipts Four	th Group	\$	0.00	

	YSTEM ID# 62227					LE SYSTEM:	R OF CABL	City of Tacoma
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (Bl
•	JP	SUBSCRIBER GROU	ED TENTH	ONE HUNDR	JP	SUBSCRIBER GRO	ED NINTH	ONE HUNDRE
9 Computation	COMMUNITY/ AREA 0							COMMUNITY/ AREA
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	JP	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	JP	SUBSCRIBER GRO	LEVENTH	ONE HUNDRED EI
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNER OF CABL City of Tacoma	LE SYSTEM:	•			SY	STEM ID# 62227	Name
BLOCK A: (COMPUTATION OF E	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIRTEENTH	SUBSCRIBER GROUP	•	ONE HUNDRED FOU	RTEENTH	SUBSCRIBER GROU	Р	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
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Total DSEs		0.00	Total DSEs	ļ.		0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIFTEENTH	SUBSCRIBER GROUP)	ONE HUNDRED SI	XTEENTH	SUBSCRIBER GROU	Р	
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	l		0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		0.00	Gross Receipts Fourth		\$	0.00	

	62227							City of Tacoma
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	GHTEENTH			SUBSCRIBER GROUP	ENTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	JP	SUBSCRIBER GROU	VENTIETH	ONE HI INDDED T	JP	SUBSCRIBER GRO	NITEENITU	ONE HUNDRED NI
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LEGAL NAME OF OWNER City of Tacoma	R OF CABL	LE SYSTEM:				S	62227	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-SECONE	SUBSCRIBER GROUP	•	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs				
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
.			0.00					
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	•		

62227 Name	•	LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE City of Tacoma		
CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	OF BASE RA	COMPUTATION OF	OCK A: (BL		
Y-FIFTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP	UP	SUBSCRIBER GROUP	NTY-FIFTH	ONE HUNDRED TWEN		
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Base Rate Fee Second Group \$ 0.00	0.00	\$	roup	Base Rate Fee First Gr		
EVENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP	UP	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-		
O COMMUNITY/ AREA O	0			COMMUNITY/ AREA		
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TATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTIETH SUBSCRIBER GROUP COMMUNITY/ AREA SIGN DSE CALL SIGN DSE CALL SIGN DSE G Base Rate Fee
O COMMUNITY/ AREA O Computation SIGN DSE CALL SIGN DSE CALL SIGN DSE of
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0.00 Total DSEs
0.00 Gross Receipts Second Group \$ 0.00
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IBER GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP
O COMMUNITY/ AREA O
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0.00 Total DSEs 0.00
0.00 Gross Receipts Fourth Group \$ 0.00
Gloss receipts Fourth Gloup

Name	(STEM ID# 62227					LE SYSTEM:	R OF CABI	LEGAL NAME OF OWNE City of Tacoma	
				TE FEES FOR EACH					
9		SUBSCRIBER GROUP	ΓY-FOURTH			SUBSCRIBER GROU	RTY-THIRD		
Computation	COMMUNITY/ AREA 0					NITY/ AREAO COMMUNITY/ AREA			
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	IP	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THI	UP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED THIR	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
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	0.00			Total DSEs	0.00			Total DSEs	
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COMMUNITY/ AREA 0 COMMUNITY/ A	Name
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Signature of the state of the s	for
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Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 DNE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Stations
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 DNE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 DNE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
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Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	
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LEGAL NAME OF OWNE City of Tacoma	R OF CABI	LE SYSTEM:	ро.			SY	STEM ID# 62227	Name
			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	RTY-FIRST	SUBSCRIBER GROUP			Y-SECOND	SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FORT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

SUBSCRIBER GROUP				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE City of Tacoma
	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
RTY-SIXTH SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED FO		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED FOR
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Y-EIGHTH SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-
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	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
Group <u>\$ 0.00</u>		1				

Name	YSTEM ID# 62227	S				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE City of Tacoma
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A: (BL
0	JP	SUBSCRIBER GROU	FIFTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	ΓΥ-ΝΙΝΤΗ	ONE HUNDRED FORT
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	-SECOND	ONE HUNDRED FIFT	JP	SUBSCRIBER GRO	TY-FIRST	ONE HUNDRED FIFT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	62227	S				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE City of Tacoma
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A: 0	BL
9		SUBSCRIBER GROU	/-FOURTH	ONE HUNDRED FIFT		SUBSCRIBER GRO	ry-third	ONE HUNDRED FIFT
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	Р	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED FI	JP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED FIF
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0.00 Gross Receipts Second Group \$ 0.00	0.00	\$	ss Receipts First Group
0.00 Base Rate Fee Second Group \$ 0.00	0.00	\$	e Rate Fee First Group
ONE HUNDRED SIXTIETH SUBSCRIBER GROUP	JP	SUBSCRIBER GROU	NE HUNDRED FIFTY-NINTH
0 COMMUNITY/ AREA 0	0		MMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE	DSE	CALL SIGN	ALL SIGN DSE
	ļ		
	ļ		
0.00 Total DSEs 0.00	0.00	II	al DSEs
0.00 Gross Receipts Fourth Group \$ 0.00	0.00	\$	ss Receipts Third Group
		\$	e Rate Fee Third Group

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name City of Tacoma 62227 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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